

BUDGET / EXPENSES

Date Completed _____

Please complete every field. If you do not have a minimum payment on an item, please insert a zero.

CATEGORY		AVERAGE PER MONTH
MONTHLY INCOME SOURCE #1		\$
MONTHLY INCOME SOURCE #2		\$
MONTHLY INCOME SOURCE #3		\$
TOTAL INCOME		\$
HOUSING	Rent/Mortgage	\$
	2nd MTG/Equity Line	\$
	Homeowner's/Renter's Insurance*	\$
	Home Maintenance	\$
	Gas/Electric	\$
	Water/Sewer/Garbage	\$
	Internet	\$
	Phone	\$
*Do not list if included with Mortgage Payment (Escrow)		
FOOD	Groceries/Household Items	\$
	At Work/School	\$
INSURANCE	Health/Dental/Vision (do not add if deducted from payroll)	\$
	Life / Disability (do not add if deducted from payroll)	\$
MEDICAL CARE	Doctor	\$
	Dentist/Orthodontist	\$
	Prescriptions	\$
TRANSPORTATION	Car Payment #1	\$
	Car Payment #2	\$
	Auto Insurance	\$
	Gasoline/Oil	\$
	Maintenance/Repairs	\$
	Public Transportation/Tolls/Parking	\$
CHILD CARE	Daycare	\$
	Child Support/Alimony	\$
TOTAL EXPENSES PAGE 1		\$

CATEGORY		AVERAGE PER MONTH
PERSONAL	Beauty/Barber	\$
	Clothing/Jewelry	\$
	Cosmetics/Manicure	\$
ENTERTAINMENT	Cable/Satellite	\$
	Movies/Concerts/Theater	\$
	Books/Magazines	\$
	Music / TV subscriptions	\$
	Dining Out	\$
	Sports/Hobbies	\$
MISCELLANEOUS	Banking Fees	\$
	Laundry	\$
	Online Subscriptions (Amazon, Netflix, etc)	\$
	Pet Care	\$
	Other _____	\$
	Other _____	\$
	Other _____	\$
EXPENSES FROM PAGE 2		\$
INCOME (FROM PAGE 1)		\$
EXPENSES FROM PAGE 1		\$
EXPENSES FROM PAGE 2		\$
TOTAL EXPENSES		(LESS) \$
DISPOSABLE INCOME		\$

DEBTS Please list all debts (loans, credit cards, etc.) Please complete every field.

Loan Type	Balance	Min. Pmt.	Remaining Term	Interest Rate	Past Due Amount
Totals	\$	\$	N/A	N/A	\$

Initial here if you give us permission to request and review your credit report with score (not required).

Please email your most recent 4 paycheck stubs to Community@EnvisionCU.com along with this form.

Debt/Income Ratio: