

Name: \_\_\_\_\_ Period: \_\_\_\_\_ Date: \_\_\_\_\_

### Budget Scenario Template

**Gross Salary** \_\_\_\_\_  
**Minus 25% for taxes, etc.** \_\_\_\_\_  
**Net Salary (take home pay)** \_\_\_\_\_  
**Child Support** \_\_\_\_\_  
**Other Income (gifts, interest)** \_\_\_\_\_

**Total Income** \_\_\_\_\_

#### Expenses

##### Housing

Rent or Mortgage \_\_\_\_\_  
Insurance \_\_\_\_\_  
Utilities \_\_\_\_\_  
Phone \_\_\_\_\_  
Home Maintenance \_\_\_\_\_

##### Transportation

Car Payment \_\_\_\_\_  
Auto Insurance \_\_\_\_\_  
Gas \_\_\_\_\_  
Auto Maintenance \_\_\_\_\_

##### Food, Sundries, & Clothing

Snack Foods \_\_\_\_\_  
Toiletries \_\_\_\_\_  
Clothing \_\_\_\_\_

##### Health

Insurance \_\_\_\_\_  
Medical \_\_\_\_\_  
Dental \_\_\_\_\_  
Vision \_\_\_\_\_

##### Other

Entertainment \_\_\_\_\_  
Cable \_\_\_\_\_  
Gifts & Charities \_\_\_\_\_  
Savings \_\_\_\_\_  
Other \_\_\_\_\_

**Total Expenses** \_\_\_\_\_

**Subtract expenses from total income** \_\_\_\_\_