



Consumer Recovery Network Household Budgeting Worksheet

Please make a photocopy of this document prior to using it, so you have a blank page to use again if you make any mistakes.

Monthly Income

Wages: _____

Wages (spouse): _____

Unemployment: _____

Social Security: _____

Alimony: _____

Child Support: _____

Investments: _____

Military Pay: _____

Real Estate (rent): _____

401K: _____

Royalties: _____

Pension: _____

Health Insurance: _____

Other Income Source(s): _____

TOTAL (this box): _____

Monthly Secured Debt

Rent (home): _____

Lot Rent (trailer park, etc.): _____

Mortgage #1: _____

Mortgage #2: _____

Property Taxes/Insurance: _____

Car Loan/Lease #1: _____

Car Loan/Lease #2: _____

Recreational Vehicles Loan: _____

Student Loan(s): _____

Taxes (past due): _____

Other Secured Debt(s): _____

Other Secured Loan(s): _____

TOTAL (this box): _____

Monthly Living Expenses

HOUSING

- Maintenance/Repairs
 - Yard Care: _____
 - Housecleaning: _____
 - Pest Control: _____
 - Other: _____
- Utilities
 - Cable: _____
 - Internet: _____
 - Phone: _____
 - Power: _____
 - Gas/Oil: _____
 - Water: _____
 - Garbage: _____
 - Other: _____
 - Cell Phone(s): _____

CAR

- Tune-up/Oil Change: _____
- Repairs: _____
- Gasoline: _____
- Insurance: _____
- Other: _____

MEDICAL

- Doctor Bills (co-pay): _____
- Dentist Bills (co-pay): _____
- Chiropractor/Therapy: _____
- Prescriptions: _____
- Medical Insurance: _____
- Other: _____

TOTAL (this box): _____

Monthly Miscellaneous Expenses

- Food (groceries): _____
- Dry Cleaning/Laundry: _____
- Entertainment
 - Restaurants: _____
 - Movie Tickets: _____
 - Movie Rentals: _____
 - Books, Magazines, etc. _____
 - Toys, CDs, etc. _____
 - Other: _____
- Fitness Club Dues: _____
- Homeowner’s Assoc. Dues: _____
- Child Activities (sports, clubs, etc.) _____
- Haircuts: _____
- Gifts: _____
- Pets
 - Food: _____
 - Toys: _____
 - Veterinarian: _____
 - Grooming: _____
 - Other: _____
- Subscriptions (mags, news, etc.): _____
- Clothing: _____
- Childcare: _____
- Charitable Donations: _____
- Household Items: _____
- Tuition/School Supplies: _____
- Other: _____
- TOTAL (this box):** _____

Monthly Unsecured Debt

- Credit Card #1: _____
- Credit Card #2: _____
- Credit Card #3: _____
- Credit Card #4: _____
- Credit Card #5: _____
- Personal Loan #1: _____
- Personal Loan #2: _____
- Other Unsecured Debt(s): _____
- TOTAL (this box):** _____

TOTALS

- Total Monthly Income: _____
- <<minus>>
- Total Monthly Secured Debt: _____
- Total Monthly Living Expenses: _____
- Total Monthly Misc. Expenses: _____
- Total Monthly Unsecured Debt: _____
- <<equals>>
- Total Current Monthly Expenses: _____

Consumer Recovery Network

Office: (800) 939-8357
 Fax: (208) 493-7514
 info@consumerrecoverynetwork.com
 www.consumerrecoverynetwork.com

If you are already working with a CRN Specialist, please fill out this form and send it directly.

Name: _____

Date: _____

Phone: _____

Email: _____