

# Current Household Budget

Details	Average Monthly Payment
Rent	\$ <input type="text"/>
Electricity (if paid separately)	\$ <input type="text"/>
Heating costs (if paid separately)	\$ <input type="text"/>
Water (if paid separately)	\$ <input type="text"/>
Maintenance/Repair	\$ <input type="text"/>
Parking fees (if paid separately)	\$ <input type="text"/>
Cable TV/Satellite/Video rental	\$ <input type="text"/>
Car fuel, insurance and license	\$ <input type="text"/>
Car repairs and service	\$ <input type="text"/>
Charitable donations	\$ <input type="text"/>
Child care	\$ <input type="text"/>
Child support/Alimony	\$ <input type="text"/>
Clothes	\$ <input type="text"/>
Contents insurance	\$ <input type="text"/>
Dental expenses	\$ <input type="text"/>
Entertainment, recreation, movies	\$ <input type="text"/>
Furnishings	\$ <input type="text"/>
Groceries	\$ <input type="text"/>
Internet	\$ <input type="text"/>
Life insurance	\$ <input type="text"/>
Medical expenses, prescriptions, eyewear	\$ <input type="text"/>
Newspapers, magazines, books	\$ <input type="text"/>
Personal items	\$ <input type="text"/>
Public transportation	\$ <input type="text"/>
Savings (bank account, RRSPs)	\$ <input type="text"/>
Telephone/Cell phone	\$ <input type="text"/>
Other expenses	\$ <input type="text"/>
<b>Total Monthly Expenses</b>	

Note: You may have other costs not shown on this worksheet. Make sure you add these other items when you fill out this form.