

# SAMPLE BUDGET FORM

This Form illustrates how to create a household budget, with saving and giving allocated from Net Income (after taxes) as first priority. The remaining income is available for your monthly living expenses.

	Monthly Now	Annual Now (Monthly Times 12)	Goal
<b>INCOME</b>			
List Details			
Salary/Income1			
Salary/Income2			
Other Income			
<b>MINUS</b> Income taxes			
<b>GIVING AND SAVINGS</b> (Budget out of income first)			
<b>Tithe/Giving</b>			
Church			
Other Charity			
<b>Savings</b> (This is YOUR POSITIVE MARGIN. Create savings ASAP, without overspending.)			
Emergency/Reserve			
Retirement Savings			
Education Savings			
Other Savings			
<b>INCOME AVAILABLE For Living Expenses</b> (Subtract Savings and Giving from Income)			
<b>Total Income (MINUS Giving + Savings)</b>			

Income Available for Living Expenses is your budget for current items, AFTER allocating income to savings and giving. The allocations to savings categories above are your "Positive Margin."  
 The amount in the "Income Available for Living Expenses" box is for the items listed below.  
 Work on budgeting items below so that you do not have a "Negative Margin" amount left over. It should net to ZERO.  
 Allocate any LEFTOVER Margin into Savings, Giving and Expenses. Your goal is to allocate every dollar, so left over is -0-.  
 This strategy helps to ensure you set aside and build important savings and reserves.

<b>INCOME AVAILABLE For Living Expenses</b> (Subtract Savings and Giving from Income)			
<b>House/Rent/Utilities</b>			
Rent or House Pmt			
House/Rent Insurance			
Property Tax			
Utilities (Elec, Water, etc)			
Homeowners Association Fees			
Repairs			
Trash, recycle			
Lawn, other services			
Other			

<b>Car/Transportation</b>			
Car payment 1			
Car payment 2			
Gas			
Repair/Maintenance			
License/registration			
Other			
<b>Health/Wellness</b>			
Wellness			
Prescriptions			
Out Of Pocket Health			
Other			
<b>Debt Payments</b>			
Credit Card Debt 1			
Credit Card Debt 2			
Other Debt			
Other Debt			
<b>Food, Clothing, entertainment, Etc</b>			
Food			
Personal (Clothing, etc)			
Education/Tuition			
Beauty/Barber			
Entertainment, Vacation			
Other			
<b>Car and Other Insurance</b>			
Car Insurance			
Health Insurance			
Life Insurance			
<b>TOTAL LIVING EXPENSES</b>			\$ -
<b>Left Over MARGIN</b> Net Income minus Expenses			

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