

Monthly Family Budget Template

A simple, no-stress way to plan your household money — print it, fill it in, stick it on the fridge.

Family Name: _____

Month / Year: _____

1. MONTHLY INCOME TRACKER

Income Source	Expected Amount	Actual Amount
Primary paycheck (take-home)	\$	\$
Second income / partner's paycheck	\$	\$
Side income / freelance	\$	\$
Child support / benefits	\$	\$
Other income	\$	\$
TOTAL INCOME	\$	\$

2. EXPENSE CATEGORIES

Category	Budgeted	Actual Spent	Difference
Housing (rent/mortgage)	\$	\$	\$
Utilities (electric, water, gas, internet)	\$	\$	\$
Groceries	\$	\$	\$
Transportation (car, gas, insurance, transit)	\$	\$	\$
Kids / childcare / school	\$	\$	\$
Insurance & healthcare	\$	\$	\$
Debt payments (credit card, loans)	\$	\$	\$
Savings (emergency fund, retirement)	\$	\$	\$
Fun money (dining out, entertainment)	\$	\$	\$
Miscellaneous	\$	\$	\$
TOTAL EXPENSES	\$	\$	\$

3. MONTHLY SUMMARY

Total Income	\$
Total Expenses	\$
Left Over (Income - Expenses)	\$

Tip: If "Left Over" is negative, don't panic — go back to Fun Money and Miscellaneous first. Those are usually the easiest places to trim without hurting your family's needs.

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4. SAVINGS GOAL TRACKER

Savings Goal	Target Amount	Saved So Far	Target Date
Emergency fund	\$	\$	
Vacation / travel	\$	\$	
Kids' education	\$	\$	
Big purchase (car, home repair)	\$	\$	
Other goal	\$	\$	

Emergency Fund Progress (color in as you save):



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

5. IRREGULAR & ONE-TIME EXPENSES

These don't happen every month, but they will happen. Plan for them so they never catch you off guard.

Expense	Amount	Expected Month	Saved Monthly (Amount ÷ 12)
Car registration / inspection	\$		\$
School supplies / fees	\$		\$
Holiday / birthday gifts	\$		\$
Annual insurance premium	\$		\$
Home / car maintenance	\$		\$
Other	\$		\$

6. WEEKLY CHECK-IN

Every payday, take five minutes and check in. A budget only works if you actually look at it.

Week	On Track?	Notes / Adjustments Needed
Week 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Week 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Week 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Week 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	