

# Expense/Budget Comparison Worksheet

Date Prepared: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home	Client: _____		Spouse: _____	
	Monthly	Annual	Monthly	Annual
Rent/Mortgage				
Condo Fees				
Property Taxes				
Repairs/Maintenance				
Landscaping				
Snow Removal				
Water				
Heat				
Electricity				
Telephone				
Cell Phone				
Cable/Satellite TV				
Internet				
Groceries				
Household Supplies				
Meals Away From Home				
Pet Care				
Laundry/Dry Cleaning				
Furniture/Equipment				
Cleaning Services				
Other (specify)				
<b>Total Home Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

Date Prepared: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

	Client: _____		Spouse: _____	
<b>Transportation</b>	Monthly	Annual	Monthly	Annual
Public Transit & Taxis				
Gas and Oil				
License				
Repairs/Maintenance				
Parking				
Loan/Lease Payments				
Tolls				
Other (specify)				
<b>Total Transportation Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
<b>Insurance</b>	Monthly	Annual	Monthly	Annual
Home/Tenant				
Car				
Life				
Disability				
Extended Health				
Dental Plan Premiums				
Long-Term Care				
Other (specify)				
<b>Total Insurance Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
<b>Health</b>	Monthly	Annual	Monthly	Annual
Dental & Orthodontics				
Medicine & Drugs				
Eye Care				
Therapist/Counselor				
Physical Therapy				
Massage				
Vitamins/Supplements				
Other (specify)				
<b>Total Health Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
<b>Personal</b>	Monthly	Annual	Monthly	Annual
Clothing				
Hair Care & Beauty				
Education				
Entertainment				
Hobbies & Recreation				
Subscriptions				
Alcohol & Tobacco				
Other (specify)				
<b>Total Personal Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
<b>Child-Related</b>	Monthly	Annual	Monthly	Annual
Child Care				
School Fees/Supplies				
Clothing				
Hair Care & Toiletries				
Entertainment				
Activities & Lessons				
Summer Camp				
Other (specify)				
<b>Total Child-Related Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
<b>Other</b>	Monthly	Annual	Monthly	Annual
Vacations				
Gifts & Holiday				
Charitable Donations				
RRSP/RESP				
Membership Dues				
Professional Fees				
Service & Bank Fees				
Credit Card Debt				
Loan Payments				
Child Support				
Spousal Support				
Other (specify)				
<b>Total Other Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____

	Client: _____		Spouse: _____	
Summary	Monthly	Annual	Monthly	Annual
Home				
Transportation				
Insurance				
Health				
Personal				
Child Related				
Other				
<b>Total Expenses:</b>	\$ _____	\$ _____	\$ _____	\$ _____