



HIS WORD HER WAY

Monthly Budget Worksheet

Foundation Level

Stewardship Module

"The plans of the diligent lead surely to abundance." Proverbs 21:5

Name: _____

Month / Year: _____

Date Completed: _____

STEP 1 — KNOW YOUR INCOME

(Total what comes in)

| Category | Due Date | Amount \$ |
|----------------------------------|-----------------|------------------|
| Primary Job / Paycheck | | |
| Second Job / Side Income | | |
| Child Support / Alimony Received | | |
| Government Assistance / Benefits | | |
| Freelance / Self-Employment | | |
| Other Income | | |
| TOTAL MONTHLY INCOME | | |

STEP 2 — NEEDS

(Non-negotiable, required for basic living)

| Category | Due Date | Amount \$ |
|------------------------|----------|-----------|
| Rent / Mortgage | | |
| Electric / Gas Utility | | |
| Water / Sewer | | |
| Phone (Primary) | | |
| Groceries (Estimate) | | |
| Transportation / Gas | | |
| Car Insurance | | |
| Car Payment | | |
| Health Insurance | | |
| Medications / Medical | | |
| Childcare / Daycare | | |
| Other | | |
| TOTAL NEEDS | | |

STEP 3 — RESPONSIBILITIES

(Commitments and obligations)

| Category | Due Date | Amount \$ |
|--------------------------------|----------|-----------|
| Credit Card Minimum (Card 1) | | |
| Credit Card Minimum (Card 2) | | |
| Student Loan Payment | | |
| Personal Loan | | |
| Medical Debt Payment | | |
| Court-Ordered / Legal Payments | | |
| School / Tuition Expenses | | |
| Internet / Home Service | | |
| Other | | |
| TOTAL RESPONSIBILITIES | | |

STEP 4 — EXTRAS

(Wants — honest review required)

| Category | Due Date | Amount \$ |
|-------------------------------|----------|-----------|
| Streaming / Entertainment | | |
| Dining Out / Takeout | | |
| Personal Care / Salon / Nails | | |
| Clothing / Impulse Purchases | | |
| Coffee / Convenience Spending | | |
| Gifts / Miscellaneous | | |
| Other | | |
| TOTAL EXTRAS | | |

STEP 5 — SAVINGS & GIVING

(Stewardship starts here — even small amounts matter)

| Category | Due Date | Amount \$ |
|--------------------------------|----------|-----------|
| Tithe / Church Giving | | |
| Emergency Fund Contribution | | |
| Short-Term Savings Goal | | |
| Long-Term Savings / Retirement | | |
| Sinking Fund | | |
| TOTAL SAVINGS & GIVING | | |

STEP 6 — MONTHLY SUMMARY

Total Monthly Income _____

Minus: Total Needs _____

Minus: Total Responsibilities _____

Minus: Total Extras _____

Minus: Total Savings & Giving _____

REMAINING BALANCE = _____

REFLECTION

1. What number surprised or convicted you most when you filled this out?

2. Where have you been treating comfort like a necessity?

3. What one change can you commit to this month?

NOTES

YOUR NEXT STEP: Complete this worksheet with real numbers. No estimates.

Awareness is the beginning of stewardship.