



## MONTHLY SPENDING PLAN

Source of Income	Monthly Amount (NET)
Employment (Primary)	\$ _____
Employment (Spouse)	\$ _____
Social Security	\$ _____
Pension	\$ _____
Alimony or Child Support	\$ _____
Commissions	\$ _____
Other	\$ _____
Other	\$ _____
<b>TOTAL MONTHLY INCOME</b>	\$ _____

Source of Expenses	Monthly Amount
<b>Housing</b>	
Mortgage	\$ _____
2nd Mortgage	\$ _____
Home Equity Loan / Line	\$ _____
Rent	\$ _____
Property Taxes	\$ _____
Condominium Fee	\$ _____
Homeowners / Renters Insurance	\$ _____
House Repairs / Maintenance	\$ _____
Gardening / Pool Service	\$ _____
Other	\$ _____
Other	\$ _____
<b>Total Housing</b>	\$ _____

Source of Expenses	Monthly Amount
<b>Health Care</b>	
Health Insurance	\$ _____
Prescriptions	\$ _____
Co-pay / Deductibles	\$ _____
Other	\$ _____
<b>Total Health Care</b>	\$ _____

Source of Expenses	Monthly Amount
<b>Utilities</b>	
Gas	\$ _____
Oil	\$ _____
Propane	\$ _____
Electricity	\$ _____
Water / Sewer	\$ _____
Trash Removal	\$ _____
Telephone	\$ _____
Cell Phone	\$ _____
Other	\$ _____
<b>Total Utilities</b>	\$ _____

Source of Expenses	Monthly Amount
<b>Food</b>	
Groceries	\$ _____
Eating Out Lunch	\$ _____
Dining Out	\$ _____
Coffee / Snacks	\$ _____
Kids Lunch Money	\$ _____
Other	\$ _____
<b>Total Food</b>	\$ _____

Source of Expenses	Monthly Amount
<b>Transportation</b>	
Auto Payment 1	\$ _____
Auto Payment 2	\$ _____
Auto Payment 3	\$ _____
Gasoline	\$ _____
Insurance	\$ _____
Parking Fees / Tolls	\$ _____
Auto Registration / Plates	\$ _____
Public Transportation	\$ _____
Car Repairs / Maintenance	\$ _____
Other	\$ _____
<b>Total Transportation</b>	\$ _____





Source of Expenses	Monthly Amount
<b>Education Expenses</b>	
Tuition	\$ _____
Books	\$ _____
Student Loans	\$ _____
Room / Board	\$ _____
Day Care	\$ _____
Newspaper / Magazines	\$ _____
Other	\$ _____
<b>Total Education</b>	\$ _____

Source of Expenses	Monthly Amount
<b>Clothing</b>	
Purchases	\$ _____
Laundry	\$ _____
Dry Cleaning	\$ _____
Repairs	\$ _____
Other	\$ _____
<b>Total Clothing</b>	\$ _____

Source of Expenses	Monthly Amount
<b>Personal Care</b>	
Beauty Salon / Haircuts	\$ _____
Cosmetics	\$ _____
Manicure / Pedicure	\$ _____
Toiletries	\$ _____
Other	\$ _____
<b>Total Personal Care</b>	\$ _____

Source of Expenses	Monthly Amount
<b>Pets</b>	
Food	\$ _____
Vet	\$ _____
Insurance	\$ _____
Grooming	\$ _____
Other	\$ _____
<b>Total Pets</b>	\$ _____

Source of Expenses	Monthly Amount
<b>Entertainment</b>	
Cable	\$ _____
Movies	\$ _____
Music	\$ _____
Sports	\$ _____
Hobbies	\$ _____
Internet	\$ _____
Other	\$ _____
Other	\$ _____
<b>Total Entertainment</b>	\$ _____

Source of Expenses	Monthly Amount
<b>Other</b>	
Tobacco	\$ _____
Alcohol	\$ _____
Religion	\$ _____
Charity	\$ _____
Lottery	\$ _____
Vacation	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____
<b>Total Other</b>	\$ _____

Source of Expenses	Monthly Amount
<b>Credit Cards</b>	
#1	\$ _____
#2	\$ _____
#3	\$ _____
#4	\$ _____
#5	\$ _____
<b>Total Credit Cards</b>	\$ _____

Source of Expenses	Monthly Amount
<b>Savings</b>	
Emergency Savings Account	\$ _____
Other	\$ _____
Other	\$ _____
<b>Total Savings</b>	\$ _____
<b>TOTAL MONTHLY EXPENSES</b>	\$ _____
<b>SUMMARY</b> (Total income minus total expenses)	\$ _____