

MONTHLY SPENDING PLAN

<u>FIXED EXPENSES</u>	Now
Rent/Mortgage	
Electric	
Gas/Oil	
Water/Sewer	
Telephone	
Cell Phone	
Trash pickup	
Cable TV	
w/bundle package	
Auto Insurance	
Life Insurance	
Renter Insurance	
Child Support/Alimony	
Medical Insurance	
Child Care	
Other	
Total (A)	\$ -

<u>CREDITOR PAYMENTS</u>	
Total Installment Loans	
Total Auto Payments	
Total Credit Card Payments	
Total (C)	\$ -

<u>EXPENSES</u>	
FIXED (A)	\$ -
CREDITOR (C)	\$ -
FLEXIBLE (B)	\$ -
TOTAL EXPENSES (D)	\$ -

<u>NET MONTHLY INCOME</u>	
Source 1	
Source 2	
Other Income	
Total Income (A)	\$ -

<u>FLEXIBLE EXPENSES</u>	Now
Saving	
Groceries	
Lunch (work / school)	
Eating out	
Entertainment / Hobbies	
Barber / Beauty Shop	
Manicure / Pedicure	
Laundry / Dry Cleaning	
Cleaning Supplies	
Clothing	
Gasoline (car / truck)	
Bus or Taxi	
Newspaper / Magazine	
Tuition / Books	
School Supplies	
Alcohol / Cigarettes	
Church Offerings / Tithes	
Charity	
Auto Maintenance	
House Maintenance	
Pets Expenses	
Parking / Tolls	
Lottery / Bingo	
Doctor / Dentist Co-pays	
Prescriptions	
Other	
Total (B)	\$ -

<u>Subtract Expenses from Income (E-D):</u>	
TOTAL INCOME (E)	\$ -
TOTAL EXPENSES (D)	\$ -
DIFFERENCE + or -	\$ -

Client(s) Signature _____

Counselor Signature: _____

Date: _____