

Name: \_\_\_\_\_

Gross Income: \_\_\_\_\_ Net Income: \_\_\_\_\_ Number in Family: \_\_\_\_\_

## MONTHLY LIVING EXPENSES

Expense	Current	Projected	Expense	Current	Projected
<b>Savings</b>			<b>Family</b>		
Downpayment			Life Insurance		
Emergency Plan			Day Care/Baby Sitting		
<b>Housing</b>			Allowance/Spending Money		
Rent/Mortgage			Alimony/Child Support		
2nd Mortgage/Mobile Home Space			<b>Education</b>		
Property Tax			Tuition/School Expense		
Renters/Homeowners Ins			Music or Other Lessons		
Home Furnishings			Student Loans		
Repairs & Improvements			<b>Donations/Church</b>		
<b>Utilities</b>			<b>Entertainment</b>		
Electricity			Cable/Video/CD's		
Gas			Dining Out		
Garbage/Water/Sewer			Sports/Hobbies		
Telephone/Cellular/Pager			Vacations		
<b>Food</b>			Newspaper/Magazines/Books		
Groceries/Household Supplies			<b>Personal</b>		
Food Bought at Work			Barber/Beauty Shop		
School Lunches			Toiletries/Cosmetics		
<b>Transportation</b>			Tobacco/Alcohol		
Car Payment #1			<b>Miscellaneous</b>		
Car Payment #2			Pet Care		
Gasoline			Gifts - B'day, Xmas, Anniv., Cards		
Auto Insurance			Dues - Unions, Clubs, Associations		
Maintenance/Tires			Bank Charges;Stamps/Envelopes		
Registration/Liscenses/Smog			Taxes		
Parking/Carpool/Bus/Tolls			Miscellaneous		
<b>Clothing</b>			<b>Debt Payments</b>		
For the Family					
Laundry/Dry Cleaners/Shoe Repair					
Diapers/Other					
<b>Health Care</b>					
Health Insurance					
Doctor/Dentist/Eye Care					
Prescriptions			<b>Total Expenses</b>		
Other			<b>Net Monthly Income</b>		