Fill out only the fields that apply to you.

**Remember** that this sheet asks for **monthly** expenses, not the total or yearly cost of items.

Estimate expenses where needed (having at least two bank statements handy can help you estimate).

Pay attention to whether you need to add (+) or subtract (-) each amount that you enter.

Use a calculator and scrap paper (or the space in the margins) to help make sure your math is correct.

| MONTHLY INCOME  |                      |
|---|----------------------|
| Paycheck #1 (MINUS taxes, health insurance, other payroll deductions):                            | \$                   |
| Paycheck #2 (MINUS taxes, health insurance, other payroll deductions):                            | + \$                 |
| Paycheck #3 (MINUS taxes, health insurance, other payroll deductions):                            | + \$                 |
| Paycheck #4 (MINUS taxes, health insurance, other payroll deductions):                            | + \$                 |
| Net Monthly Income from Paychecks   | = \$                 |
| If you put into SAVINGS/INVESTMENTS/401k each month, SUBTRACT that amount:                        |                      |
| 11 you put into SAVINGS/INVESTMENTS/401k each month, Sobtract that amount:                        | - \$<br>- ¢          |
| AFDC/TANE.  | = \$                 |
| AFDC/TANF:  | + \$                 |
| Food Stamps:  | + \$                 |
| Social Security/SSI:  | + \$                 |
| Total Other:  | + \$                 |
|   | = \$                 |
| Total Monthly Child Support (ADD if you RECEIVE; SUBTRACT if you PAY):                            | +/- \$               |
| Total Monthly Alimony (ADD if you RECEIVE; SUBTRACT if you PAY):                                  | +/- \$               |
| Total Monthly Tax Garnishments:   | - \$                 |
| AVAILABLE MONTHLY INCOME  | = \$                 |
| HOUSING   |                      |
| Rent or Mortgage Payment:   | \$                   |
| Total Monthly Payments for Second Mortgage/Home Equity Lines:                                     | + \$                 |
| HOA Dues:   | + \$                 |
| Electricity:  | + \$                 |
| Heat Oil/Gas/Propane:   | + \$                 |
| Water:  | + \$                 |
| Sewer:  | + \$                 |
| Garbage &/or Recycling Collection:  | + \$                 |
| Cable:  | + \$                 |
| Internet:   | + \$                 |
| Home Phone:   | + \$                 |
| Repairs (set money aside for the future):   | + \$                 |
| Maintenance (cleaning supplies, lawn, carpet or gutter cleaning, pest control, etc.):             | + \$                 |
| Insurance (if paid annually, set money aside each month):   | + \$                 |
| Real Estate Taxes (if paid annually, set money aside each month):                                 | + \$                 |
| TOTAL HOUSING   | = \$                 |
| CAR & TRANSPORTATION  | Ŧ                    |
| Gas:  | \$                   |
| Insurance (if paid annually, set money aside each month):   | <del>?</del><br>+ \$ |
|   |                      |
| Total Monthly Loan Payment(s):  | + \$                 |
| Repairs (set money aside for the future):   | + \$                 |
| Maintenance (car wash supplies, oil changes, etc.):   | + \$                 |
| Other Maintenance Costs:  | + \$                 |
| General Transportation Costs (bus or train fare, taxi rides, parking, carpools, etc.):            | + \$                 |
| TOTAL CAR & TRANSPORTATION  | = \$                 |
| <b>DEBT</b> (for credit cards and other loans and debts <b>not</b> already covered on this sheet) | Monthly Payment      |
| Creditor #1   | \$                   |
| Creditor #2 Balance: \$:  | + \$                 |

|                                   | ~ | · 22.0 0 1.12           |                         |
|-----------------------------------|---|-------------------------|-------------------------|
| Creditor #3                       | Balance: \$                             | :                       | + \$                    |
| Creditor #4                       | Balance: \$                             | . <u> </u> :            | + \$                    |
| Creditor #5                       | Balance: \$                             | :                       | + \$                    |
| Creditor #6                       | Balance: \$                             | :                       | + \$                    |
|                                   |   | тот                     | AL DEBT = \$            |
| CHILD                             |   |                         | · ·                     |
| Childcare:                        |   |                         | \$                      |
| College Fund:                     |   |                         | + \$                    |
| Diapers:                          |   |                         | + \$                    |
| Baby-Sitting:                     |   |                         | + \$                    |
| School Tuition:                   |   |                         | + \$                    |
| School Supplies & Related Exp     | penses (uniforms, tutoring, fundra      | aisers, etc.):          | + \$                    |
| Activity Expenses (tumbling, pi   |   | ,                       | + \$                    |
| Allowance/Snack or Lunch Mo       |   |                         | + \$                    |
| Other:                            |   |                         | + \$                    |
|                                   |   | TOTA                    | L CHILD = \$            |
| GENERAL                           |   |                         | т                       |
| Groceries:                        |   |                         | \$                      |
| Meals Out:                        |   |                         | <del>&gt;</del><br>+ \$ |
| Cell Phone(s):                    |   |                         | <u>'</u> + \$           |
| Charitable Contributions (chur    | ch tithes donations etc.).              |                         | + \$                    |
| ,                                 | of your grocery bill], heartworm, so    | unnlige vet hille et    | ·                       |
|                                   | clothes, laundry, dry cleaning, un      |                         | + <b>\$</b>             |
| Hair & Nail Care:                 | clothes, lauridry, dry cleaning, dri    | iloitii Teiltai, etc.). | •                       |
|                                   | contridace ( paper coftware).           |                         | + \$                    |
| Computer(s) (payment, printer     |   |                         | + \$                    |
| Postal Expenses (stamps, shipp    |   |                         | + \$                    |
| Newspaper/Magazine Subscri        |   |                         | + \$                    |
| Gifts (birthday, anniversary, wed |   | - \                     | + \$                    |
|                                   | s, yoga class fees, chiropractic, et    | .C. ):                  | + \$                    |
| Other Club Dues:                  |   |                         | + \$                    |
| Hobbies:                          |   |                         | + \$                    |
| Cigarettes & Other Habits (alco   |   |                         | + \$                    |
| Other Entertainment (movies,      | video games, nightclubs, etc.):         |                         | + \$                    |
| Vacation Funds:                   |   |                         | + \$                    |
| Prescriptions:                    |   |                         | + \$                    |
| Medical Bills:                    |   |                         | + \$                    |
| Health Insurance (if not taken    |   |                         | + \$                    |
| Life Insurance (if not taken out  |   |                         | + \$                    |
| Other Monthly Expenses (inclu     | ding all other expenses not covere      | ed on this sheet):      | + \$                    |
|                                   |   | TOTAL G                 | GENERAL = \$            |
| MONTHLY SPENDING                  |   |                         |                         |
| TOTAL HOUSING:                    |   |                         | \$                      |
| TOTAL CAR & TRANSPORTATION        | ON:                                     |                         | + \$                    |
| TOTAL DEBT:                       |   |                         | + \$                    |
| TOTAL CHILDREN:                   |   |                         | + \$                    |
| TOTAL GENERAL:                    |   |                         | + \$                    |
|                                   |   | MONTHL                  | Y SPENDING = \$         |
| MONTHLY SURPLUS OR SHOR           | <b>TAGE</b> (a negative number is a SHO | ORTAGE; a positive      | number is a SURPLUS)    |
| AVAILABLE MONTHLY INCOM           | <u>:</u>                                |                         | \$                      |
| MONTHLY SPENDING:                 |   |                         | - \$                    |
|                                   | SU                                      | RPLUS OR SHO            | RTAGE = \$              |
|                                   |   |                         |                         |