

MONTHLY SPENDING PLAN

<u>FIXED EXPENSES</u>	Now	w/House	<u>FLEXIBLE EXPENSES</u>	Now	w/House
Rent			Savings		
Electric			Groceries		
Gas/Oil			Lunch (work/school)		
Water/Sewer			Eating out		
Telephone			Entertainment/Hobbies		
Cell Phone			Beauty/Barber Shop		
Trash pickup			Manicure/Pedicure		
Cable TV (basic)			Laundry/Dry Cleaning		
w/bundle package			Cleaning Supplies		
Auto Insurance			Clothing		
Life Insurance			Gasoline (car/truck)		
Medical Insurance			Bus or Taxi		
Renter's Insurance			Newspaper/Magazines		
Child care			Tuition/books		
Child support/Alimony			School Supplies		
Internet Services			Alcohol/Cigarettes		
Other			Church Offerings/Tithes		
TOTAL (A)	0.00	0.00	Charity		
			Auto Maintenance		
			House Maintenance		
<u>CREDITOR PAYMENTS</u>	Now	w/House	Pet Expenses		
Total Installment loan payments			Parking/Tolls		
Total Auto Payments			Lottery/Bingo		
Total credit card payments			Doctor/Dentist Co-pays		
TOTAL (C)	0.00	0.00	Medical Prescriptions		
			Other		
<u>EXPENSES</u>			TOTAL (B)	0.00	0.00
FIXED (A)	0.00	0.00			
CREDITOR (C)	0.00	0.00			
FLEXIBLE (B)	0.00	0.00			
TOTAL EXPENSES (D)	0.00	0.00			
<u>NET MONTHLY INCOME</u>			Subtract Expenses from Income (E-D)		
Source 1			Total Income (E)	0.00	0.00
Source 2			Total Expenses (D)	0.00	0.00
Other Income					
TOTAL (E)	0.00	0.00	DIFFERENCE + OR -	0.00	0.00

Note: If you have accounted for all income and monthly expenses, your difference should be at least \$150.00 at month end. If you come up with a negative number, you are spending more than you make. Please revise spending plan to trim expenses.

CERTIFICATION: I hereby certify that I have reviewed the above budget with the applicant(s) and they

concur that it is reasonable.

Client(s) Signature: _____

Counselor Signature: _____

Date: _____