

## MONTHLY SPENDING PLAN

<b>FIXED EXPENSES</b>	<b>Now</b>	<b>w/House</b>	<b>FLEXIBLE EXPENSES</b>	<b>Now</b>	<b>w/House</b>
Rent/Mortgage			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		
<b>TOTAL (A)</b>	0.00	0.00	Charity		
			Auto Maintenance		
			House Maintenance		
<b>CREDITOR PAYMENTS</b>	<b>Now</b>	<b>w/House</b>	Pet Expenses		
Total Installment loans			Parking/Tolls		
Total Auto Payments			Lottery/Bingo		
Total credit card payments			Doctor/Dentist Co-pays		
<b>TOTAL (C)</b>	0.00	0.00	Medical Prescriptions		
			Other		
<b>EXPENSES</b>			<b>TOTAL (B)</b>	0.00	0.00
FIXED (A)	0.00	0.00			
CREDITOR (C)	0.00	0.00			
FLEXIBLE (B)	0.00	0.00			
<b>TOTAL EXPENSES (D)</b>	0.00	0.00			
<b>NET MONTHLY INCOME</b>			<b>Subtract Expenses from Income (E-D)</b>		
Source 1			Total Income (E)	0.00	0.00
Source 2			Total Expenses (D)	0.00	0.00
Other Income					
<b>TOTAL (E)</b>	0.00	0.00	<b>DIFFERENCE + OR -</b>	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:** \_\_\_\_\_