

EXISTING SPENDING

INCOME SOURCES

| | |
|-------------------------------------|---------|
| Salary 1 (take home pay) | _____ |
| Salary 2 (take home pay) | _____ |
| Other Income | _____ |
| Other Income | _____ |
| 1. Minus Tithes & Charitable Giving | (_____) |
| TOTAL SPENDABLE INCOME | _____ |

EXPENSES

| | | % of Spendable Income |
|------------------------|-------|-----------------------|
| 2. Savings/Investments | _____ | _____ |
| 3. Housing | | |
| Mortgage or rent | _____ | |
| Homeowners insurance | _____ | |
| Real estate taxes | _____ | |
| Home maintenance | _____ | |
| Lawn care | _____ | |
| Other | _____ | |
| TOTAL | _____ | _____ |
| 4. Utilities | | |
| Electricity | _____ | |
| Natural gas | _____ | |
| Water/sewer/trash | _____ | |
| Telephone | _____ | |
| TV cable | _____ | |
| TOTAL | _____ | _____ |
| 5. Food | | |
| Groceries* | _____ | _____ |
| 6. Transportation | | |
| Auto payment 1 | _____ | |
| Auto payment 2 | _____ | |
| Auto insurance | _____ | |
| Gasoline* | _____ | |
| Auto Maintenance | _____ | |
| Auto tags/licenses | _____ | |
| Auto replacement | _____ | |
| TOTAL | _____ | _____ |
| | | % of Spendable Income |
| 7. Insurance | | |
| Medical | _____ | |

| | | | |
|----------------------------|-------|-------|-----------------------|
| Life | _____ | | |
| Disability | _____ | | |
| Other | _____ | | |
| TOTAL | | _____ | _____ |
| 8. Medical / Health | | | |
| Doctors (copays / bills) | _____ | | |
| Dentists (copays / bills) | _____ | | |
| Medicine | _____ | | |
| Other | _____ | | |
| TOTAL | | _____ | _____ |
| 9. Clothing | | | |
| Adults* | _____ | | |
| Children* | _____ | | |
| Laundry/Dry Cleaning* | _____ | | |
| TOTAL | | _____ | _____ |
| 10. Personal | | | |
| Child care | _____ | | |
| School tuition (kids) | _____ | | |
| School supplies | _____ | | |
| Education (adults) | _____ | | |
| Cosmetics/toiletries* | _____ | | |
| Hair care | _____ | | |
| Christmas (gifts,etc.) | _____ | | |
| Other gifts | _____ | | |
| Pet expenses | _____ | | |
| Child support/alimony | _____ | | |
| Cell phone(s) | _____ | | |
| Bank charges | _____ | | |
| Spending money* | _____ | | |
| TOTAL | | _____ | _____ |
| 11. Entertainment | | | |
| Eating out* | _____ | | |
| Hobbies (incl. sports)* | _____ | | |
| Movies, etc. | _____ | | |
| Baby sitters* | _____ | | |
| Subscriptions | _____ | | |
| Internet service | _____ | | |
| Gym | _____ | | |
| Vacations | _____ | | |
| TOTAL | | _____ | _____ |
| | | | % of Spendable Income |
| 12. Debts | | | |
| Credit card 1 | _____ | | |
| Credit card 2 | _____ | | |
| Credit card 3 | _____ | | |
| Dept. store(s) | _____ | | |

| | | |
|--------------------|-------|-------|
| Finance company(s) | _____ | |
| Student loan(s) | _____ | |
| Personal loan(s) | _____ | |
| Other _____ | _____ | |
| Other _____ | _____ | |
| Other _____ | _____ | |
| TOTAL | _____ | _____ |

TOTAL EXPENSES _____ **100%**

** consider using cash "envelope system" for these expenses*

INCOME VS. EXPENSES

| | |
|----------------------|-------|
| Net Spendable Income | _____ |
| Less Expenses | _____ |
| Difference | _____ |