

Monthly Cash Flow Plan

	<u>Now</u>	<u>New Plan</u>		<u>Now</u>	<u>New Plan</u>
Monthly Income	_____	_____	Other Insurance	_____	_____
Salary #1 (net)	_____	_____	Medical	_____	_____
Salary #2 (net)	_____	_____	Life	_____	_____
Other _____	_____	_____	Disability	_____	_____
Other _____	_____	_____	Other _____	_____	_____
Giving	_____	_____	Medical	_____	_____
Faith-based	_____	_____	Co-pays	_____	_____
Other	_____	_____	Medicines	_____	_____
Saving	_____	_____	Dental	_____	_____
Emergency fund	_____	_____	Vision	_____	_____
Long range goals	_____	_____	HSA/FSA	_____	_____
			Other	_____	_____
Debts	_____	_____	Clothing	_____	_____
Credit card _____	_____	_____	Husband	_____	_____
Credit card _____	_____	_____	Wife	_____	_____
Credit card _____	_____	_____	Children	_____	_____
Student loans	_____	_____	Laundry/dry cleaning	_____	_____
Other _____	_____	_____			
Other _____	_____	_____	Household/Personal	_____	_____
Other _____	_____	_____	Gifts	_____	_____
Housing	_____	_____	Christmas (gifts, etc.)	_____	_____
Mortgage or rent	_____	_____	Hair care	_____	_____
Homeowners insurance	_____	_____	Cosmetics	_____	_____
Real estate taxes	_____	_____	Pet expenses	_____	_____
Maintenance	_____	_____	Education expenses	_____	_____
Furniture	_____	_____	Bank charges	_____	_____
Lawn care	_____	_____	Child support/alimony	_____	_____
Other _____	_____	_____	Allowances (spending money):		
			Husband	_____	_____
			Wife	_____	_____
			Children	_____	_____
			Childcare	_____	_____
			Other _____	_____	_____
			Other _____	_____	_____
Utilities	_____	_____	Entertainment	_____	_____
Electricity	_____	_____	Eating out	_____	_____
Natural gas	_____	_____	Cable television	_____	_____
Sewer	_____	_____	Movies, etc.	_____	_____
Water	_____	_____	Books, subscriptions	_____	_____
Trash removal	_____	_____	Baby sitting	_____	_____
Telephone (home)	_____	_____	Health club	_____	_____
Telephone (cell)	_____	_____	Sports leagues	_____	_____
Internet service	_____	_____	Hobbies	_____	_____
			Vacations	_____	_____
Food (Groceries)	_____	_____	Other _____	_____	_____
Transportation	_____	_____	Total Monthly Income	_____	_____
Vehicle payment #1	_____	_____	Total Monthly Outgo	_____	_____
Vehicle payment #2	_____	_____	Income Minus Outgo	_____	_____
Insurance	_____	_____			
Maintenance	_____	_____			
Gasoline	_____	_____			
Tags/licenses	_____	_____			
Toll pass/parking fees	_____	_____			
Vehicle replacement	_____	_____			