

Client: \_\_\_\_\_

## MONTHLY SPENDING PLAN/BUDGET

### RECURRING MONTHLY DEBT

<u>Type</u>	<u>Minimum Payment</u>	<u>Total Balance Owed</u>
Auto	\$ _____	\$ _____
Auto	\$ _____	\$ _____
Credit Card(s)	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
Student Loans	\$ _____	\$ _____
Alimony/Child Support	\$ _____	\$ _____
Co-Signed	\$ _____	\$ _____
Other	\$ _____	\$ _____
<b>TOTAL DEBT SERVICE</b>	<b>\$ _____</b>	<b>\$ _____</b>

### RECURRING MONTHLY EXPENSES

What you spend monthly on:

Food	_____	Auto Maintenance	_____
Electricity	_____	Auto Insurance	_____
Gas	_____	Clothes	_____
Water	_____	Medical	_____
Telephone	_____	*Health Insurance	_____
Cellular/Pager	_____	*Life Insurance	_____
Cable	_____	*Disability Insurance	_____
Internet	_____	Vacation	_____

Client: \_\_\_\_\_



Gasoline	_____	Tobacco/Alcohol	_____
Oil Changes	_____	*Savings/Investments	_____
Day Care	_____	Pet Care	_____
Entertainment	_____	Gifts/Holidays	_____
Church/Charity	_____	Miscellaneous	_____

*\*Do not list if these expenses are payroll deducted.*

**TOTAL EXPENSES** \$ \_\_\_\_\_

### SOURCES OF MONTHLY INCOME

Employment (Gross)	_____	Pension (Gross)	_____
Overtime (Gross)	_____	Insurance Policy (Gross)	_____
Child Support/Alimony (Gross)	_____	Other (Gross)	_____

**Total Gross Income from all Sources** \$ \_\_\_\_\_

### RECONCILIATION

Total Monthly Net Income all Sources \$ \_\_\_\_\_

Minus (-)

Current Cost of Housing \$ \_\_\_\_\_ +

Debt Service \$ \_\_\_\_\_ +

Recurring Expenses \$ \_\_\_\_\_ +

Equals (=)

\$ \_\_\_\_\_

**Budget Surplus/Deficit**

\$ \_\_\_\_\_

What's left at end of month

\_\_\_\_\_  
Counselor

\_\_\_\_\_

Client \_\_\_\_\_

Date: \_\_\_\_\_