

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	\$ _____	\$ _____
TOTAL DEBT SERVICE	\$ _____	\$ _____

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: _____