

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

**Pre-Purchase**

### MONTHLY Budget

<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	_____
Gasoline	_____	Tobacco/Alcohol	_____

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

## Pre-Purchase

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** \$ \_\_\_\_\_

### Pre-Purchase 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: