

HOUSEHOLD SPENDING PLAN

Indicate # of people in household: Adults: _____ Children: _____

NET MONTHLY INCOME

NET monthly income _____
 NET monthly income _____
 Other income _____
Total Income (A) _____

FIXED EXPENSES

Rent/Mortgage _____
 Electric _____
 Gas/Oil _____
 Water/Sewer _____
 Home Phone _____
 Cell Phone _____
 Internet/Cable _____
 Trash Pickup _____
 Medical Insurance _____
 Auto Insurance _____
 Life Insurance _____
 Renter's Insurance _____
 Child Supp./Alimony _____
 Child Care _____
 Other _____
Total (B) _____

CREDITOR PAYMENTS

Installment Loan _____
 Automobile Loan _____
 Credit Card Payment _____
Total Payments (C) _____

FLEXIBLE EXPENSES

Savings _____
 Groceries _____
 Lunch (work/school) _____
 Eating Out _____
 Entertainment/Hobbies _____
 Laundry/Dry Cleaning _____
 Cleaning Supplies _____
 Clothing _____
 Gasoline/Bus/Taxi _____
 Newspaper/Magazines _____
 Alcohol/Cigarettes _____
 Church/Charity _____
 Tuition/Books _____
 Barber/Beauty Shop _____
 Auto Maintenance _____
 House Maintenance _____
 Doctor/Dentist _____
 Prescriptions _____
 Pets _____
 Parking/Tolls _____
 Lottery/Bingo _____
 Other _____
Total (D) _____

ALL MONTHLY EXPENSES

FIXED (B) _____
 CREDITOR (C) _____
 FLEXIBLE (D) _____
TOTAL EXPENSES (E) _____

Subtract Expenses from Income (A-E):

TOTAL INCOME (A) _____
 TOTAL EXPENSES (E)- _____
DIFFERENCE + OR - _____

NOTE: If you have accounted for all of your expenses, including savings, your difference should be \$0.00. If you come up with a positive number, you may want to consider allocating extra money toward your debt or savings. If you come up with a negative number, you are spending more than you make. Review the spending plan thoroughly to examine where you can trim your expenses.