

# MONTHLY SPENDING PLAN

**Household Size:** Adults \_\_\_\_\_ Children \_\_\_\_\_ **Ages:** \_\_\_\_\_

**Source of Income** (list monthly amount received)

Employment: \_\_\_\_\_ Child Support: \_\_\_\_\_ Unemployment: \_\_\_\_\_ Other: \_\_\_\_\_  
 Social Security: \_\_\_\_\_ Alimony: \_\_\_\_\_ SNAP: \_\_\_\_\_  
 SSI: \_\_\_\_\_ Self-employment: \_\_\_\_\_ TANF: \_\_\_\_\_

**Total Net Monthly Income:** \$ \_\_\_\_\_

	Current	Adjusted
<b>HOUSING</b>		
Mortgage/Rent		
Second Mortgage		
Homeowner's Ins.		
Real Estate Taxes		
HOA/Condo Fees		
Home Maintenance		
Home Warranty		
Rental Insurance		
Other		

	Current	Adjusted
<b>UTILITIES</b>		
Electric		
Gas/Oil/Propane		
Water		
Sanitation		
Cable		
Internet		
Home Phone		
Cell Phone		
Direct TV/Dish/Other		
Alarm System		
Other		

	Current	Adjusted
<b>FOOD</b>		
Groceries		
Meals Out		
Work Lunches		
School Lunches		

	Current	Adjusted
<b>TRANSPORTATION</b>		
Car Payment		
Car Payment		
Bus Fare/Parking		
Gasoline		
Car Maintenance		
Car Insurance		
Annual Tags and Insp.		
Annual Property Taxes		

	Current	Adjusted
<b>MEDICAL</b>		
Doctor Visits/Co-Pays		
Dental Care		
Braces/Orthodontics		
Prescripts/Supplements		
Glasses/Contacts/ Vision Exams		
Health Insurance		

	Current	Adjusted
<b>CHILDREN</b>		
Childcare		
Allowances		
School Supplies		
Tuition/School Fees		
Baby Supplies		
Sports/Activities Fees		
Child Support		

	Current	Adjusted
Other		

	Current	Adjusted
<b>PERSONAL CARE</b>		
Beauty/Barber Shop		
Nails		
Clothing/Jewelry		
Clothing (Children)		
Toiletries/Cosmetics		
Cleaning & Laundry Supplies		
Laundromat /Dry Cleaning		
Housewares/Linens		

	Current	Adjusted
<b>MISCELLANEOUS</b>		
Entertainment		
Vacation/Theme Parks		
Hobbies		
Pet Food		
Pet Supplies/Medical/ Grooming		
Postage/Stamps		
Life Insurance		
Cigarettes/Tobacco		
Lottery/Bingo		
Church Tithes/Offering		
Charities		
Birthdays/Holidays/ Gift Giving		
Spirits		
YMCA/Gym Fees		
Storage		

<b>TOTAL EXPENSES</b>	Current	Adjusted
	_____	_____

For Counselor Use	
<b><u>CURRENT:</u></b>	
<b>TOTAL NET INCOME</b>	_____
<b>MINUS EXPENSES</b>	_____
OVER-SHORT (circle one)	_____
<b>CURRENT MONTHLY DEBT</b>	_____
OVER-SHORT (circle one)	_____
<b><u>ADJUSTED/PROJECTION:</u></b>	
<b>TOTAL NET INCOME</b>	_____
<b>ADJUSTED EXPENSES</b>	_____
OVER-SHORT (circle one)	_____
<b>PROPOSED DEBT PYMT</b>	_____
OVER-SHORT (circle one)	_____