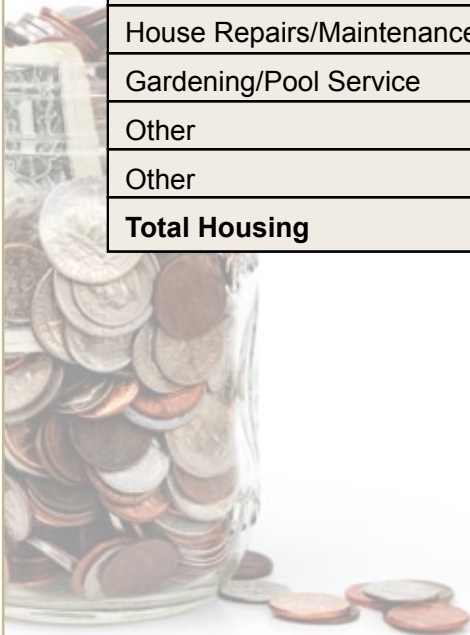


## Monthly Spending Plan

SOURCES OF INCOME	MONTHLY AMOUNT (NET)
Employment (Primary)	\$
Employment (Spouse)	\$
Social Security	\$
Pension	\$
Alimony or Child Support	\$
Commissions	\$
Other	\$
Other	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

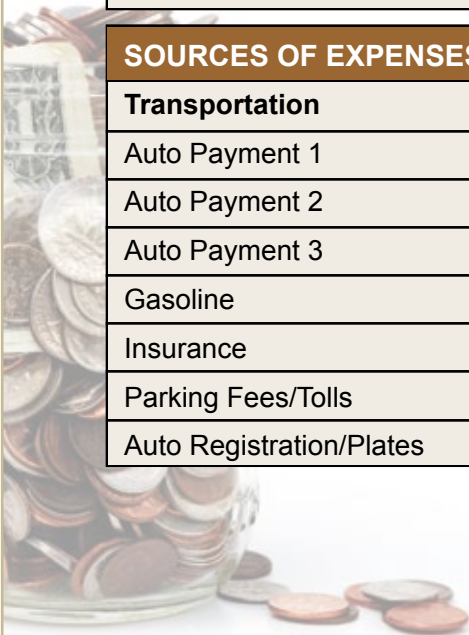
SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Housing</b>	
Mortgage	\$
2nd Mortgage	\$
Home Equity Loan/Line	\$
Rent	\$
Property Taxes	\$
Condominium Fee	\$
Homeowners/Renters Insurance	\$
House Repairs/Maintenance	\$
Gardening/Pool Service	\$
Other	\$
Other	\$
<b>Total Housing</b>	<b>\$</b>



SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Utilities</b>	
Gas	\$
Oil	\$
Propane	\$
Electricity	\$
Water/Sewer	\$
Trash Removal	\$
Telephone	\$
Cell Phone	\$
Other	\$
<b>Total Utilities</b>	<b>\$</b>

SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Food</b>	
Groceries	\$
Eating Out Lunch	\$
Dining Out	\$
Coffee/Snacks	\$
Kids Lunch Money	\$
Other	\$
<b>Total Food</b>	<b>\$</b>

SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Transportation</b>	
Auto Payment 1	\$
Auto Payment 2	\$
Auto Payment 3	\$
Gasoline	\$
Insurance	\$
Parking Fees/Tolls	\$
Auto Registration/Plates	\$



SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Transportation</b>	
Public Transportation	\$
Car Repairs/Maintenance	\$
Other	\$
<b>Total Transportation</b>	<b>\$</b>

SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Health Care</b>	
Health Insurance	\$
Prescriptions	\$
Co-pay/Deductibles	\$
Other	\$
<b>Total Health Care</b>	<b>\$</b>

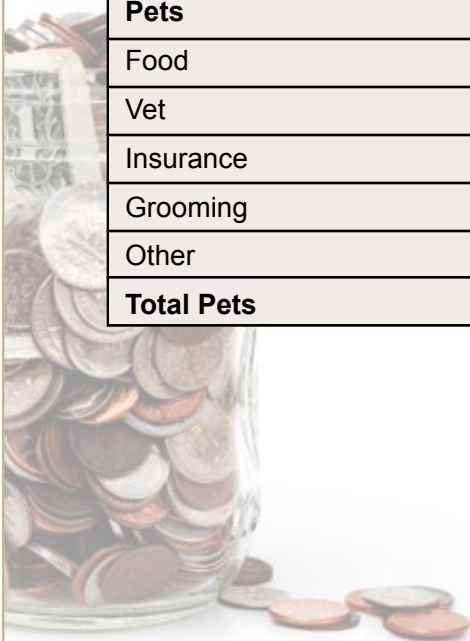
SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Education Expenses</b>	
Tuition	\$
Books	\$
Student Loans	\$
Room/Board	\$
Day Care	\$
Newspapers/Magazines	\$
Other	\$
<b>Total Education</b>	<b>\$</b>

SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Clothing</b>	
Purchases	\$
Laundry	\$
Dry Cleaning	\$
Repairs	\$
Other	\$
<b>Total Clothing</b>	<b>\$</b>

SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Personal Care</b>	
Beauty Salon/Haircuts	\$
Cosmetics	\$
Manicure/Pedicure	\$
Toiletries	\$
Other	\$
<b>Total Personal Care</b>	<b>\$</b>

SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Entertainment</b>	
Cable	\$
Movies	\$
Music	\$
Sports	\$
Hobbies	\$
Internet	\$
Other	\$
Other	\$
<b>Total Entertainment</b>	<b>\$</b>

SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Pets</b>	
Food	\$
Vet	\$
Insurance	\$
Grooming	\$
Other	\$
<b>Total Pets</b>	<b>\$</b>



SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Other</b>	
Tobacco	\$
Alcohol	\$
Religion	\$
Charity	\$
Lottery	\$
Vacation	\$
Gifts	\$
Other	\$
Other	\$
Other	\$
<b>Total Other</b>	<b>\$</b>

SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Credit Cards</b>	
#1	\$
#2	\$
#3	\$
#4	\$
#5	\$
<b>Total Credit Cards</b>	<b>\$</b>

SOURCES OF EXPENSES	MONTHLY AMOUNT
<b>Savings</b>	
Emergency Savings Account	\$
Other	\$
Other	\$
<b>Total Savings</b>	<b>\$</b>

<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>
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<b>SUMMARY</b> (Total income minus total expenses)	<b>\$</b>
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