

HOUSEHOLD SPENDING PLAN

Indicate # of people in household:

Adults _____ Children _____

FLEXIBLE EXPENSES

NET MONTHLY INCOME

Source 1 _____
 Source 2 _____
 Other Income _____
Total Income (A) _____

FIXED EXPENSES

Rent/Mortgage _____
 Electric _____
 Gas/Oil _____
 Water/Sewer _____
 Telephone (basic) _____
 long distance _____
 cellular/pager _____
 Trash pickup _____
 Cable _____
 Medical Insurance _____
 Auto Insurance _____
 Life Insurance _____
 Renters Insurance _____
 Child _____
 Support/Alimony _____
 Child Care _____
 Other _____
Total (B) _____

CREDITOR PAYMENTS

Installment Loans _____
 Automobile Loan(s) _____
Total Payments (C) _____

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

Expenses

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

Subtract Expenses from Income (A – E):
 TOTAL INCOME (A) _____
 TOTAL EXPENSES (E) _____
DIFFERENCE + or - _____

Applicant Signature _____

SSN# _____

Applicant Signature _____

SSN# _____

CERTIFICATION: I hereby certify that I have reviewed the above spending plan with the applicant(s) and concur that it is reasonable.

Lender or Counselor
 Signature: _____