

**HOUSEHOLD SPENDING PLAN FOR:**

\_\_\_\_\_ (Print Name)

Indicate # of people in household: Adults: \_\_\_\_\_ Children \_\_\_\_\_

**NET MONTHLY INCOME**

NET monthly income \_\_\_\_\_  
NET monthly income \_\_\_\_\_  
Other Income \_\_\_\_\_  
**Total Income (A)** \_\_\_\_\_

**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/Rx \_\_\_\_\_  
Pets \_\_\_\_\_  
Parking/Tolls \_\_\_\_\_  
Lottery/Bingo \_\_\_\_\_  
Other \_\_\_\_\_  
**Total (D)** \_\_\_\_\_

**FIXED EXPENSES**

Rent/Mortgage \_\_\_\_\_  
Electric \_\_\_\_\_  
Gas/Oil \_\_\_\_\_  
Water/Sewer \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Internet/Cable \_\_\_\_\_  
Trash pickup \_\_\_\_\_  
Medical Insurance \_\_\_\_\_  
Auto Insurance \_\_\_\_\_  
Life Insurance \_\_\_\_\_  
Renters Insurance \_\_\_\_\_  
Child Supp/Alimony \_\_\_\_\_  
Child Care \_\_\_\_\_  
Homeowners Assoc. \_\_\_\_\_  
Other \_\_\_\_\_  
**Total (B)** \_\_\_\_\_

**ALL MONTHLY EXPENSES**

FIXED (B) \_\_\_\_\_  
CREDITOR (C) \_\_\_\_\_  
FLEXIBLE (D) \_\_\_\_\_  
**TOTAL EXPENSES (E)** \_\_\_\_\_

**CREDITOR PAYMENTS**

Installment Loan \_\_\_\_\_  
Automobile Loan \_\_\_\_\_  
Credit Card Payment \_\_\_\_\_  
Credit Card Payment \_\_\_\_\_  
Credit Card Payment \_\_\_\_\_  
**Total Payments (C)** \_\_\_\_\_

**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 the extra money toward your debt and/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.

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

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

Counselor Signature \_\_\_\_\_

Date: \_\_\_\_\_