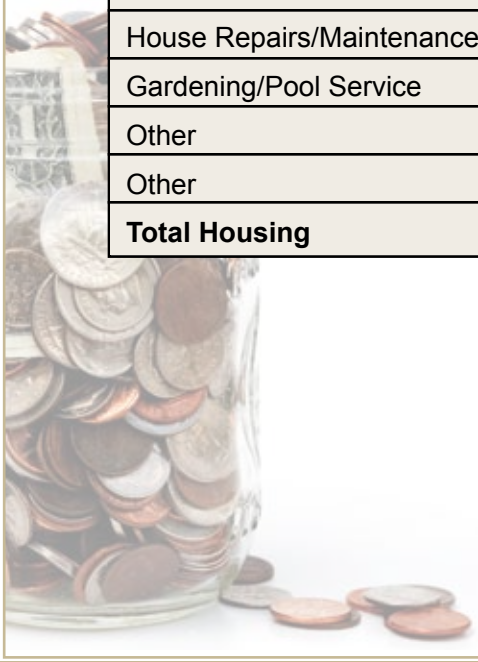
Monthly Spending Plan

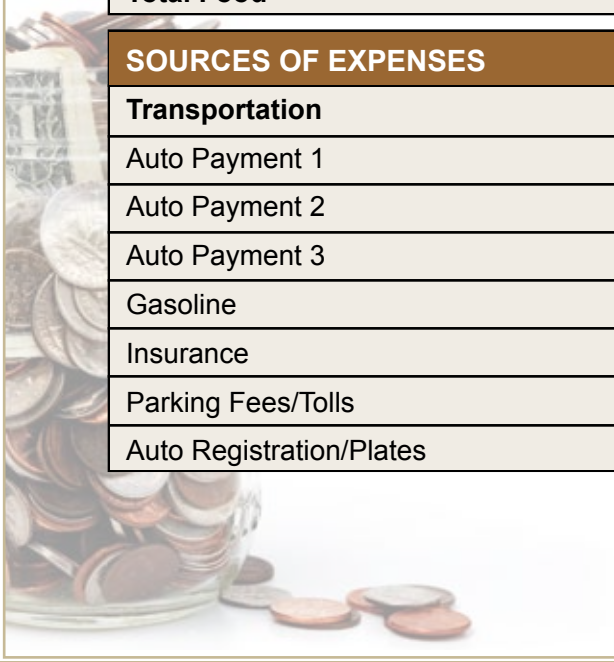
SOURCES OF INCOME	MONTHLY AMOUNT (NET)
Employment (Primary)	$
Employment (Spouse)	$
Social Security	$
Pension	$
Alimony or Child Support	$
Commissions	$
Other	$
Other	$
TOTAL MONTHLY INCOME	**$**

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



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

SOURCES OF EXPENSES	MONTHLY AMOUNT
Food	
Groceries	$
Eating Out Lunch	$
Dining Out	$
Coffee/Snacks	$
Kids Lunch Money	$
Other	$
Total Food	**$**



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

SOURCES OF EXPENSES	MONTHLY AMOUNT
Transportation	
Public Transportation	$
Car Repairs/Maintenance	$
Other	$
Total Transportation	**$**

SOURCES OF EXPENSES	MONTHLY AMOUNT
Health Care	
Health Insurance	$
Prescriptions	$
Co-pay/Deductibles	$
Other	$
Total Health Care	**$**

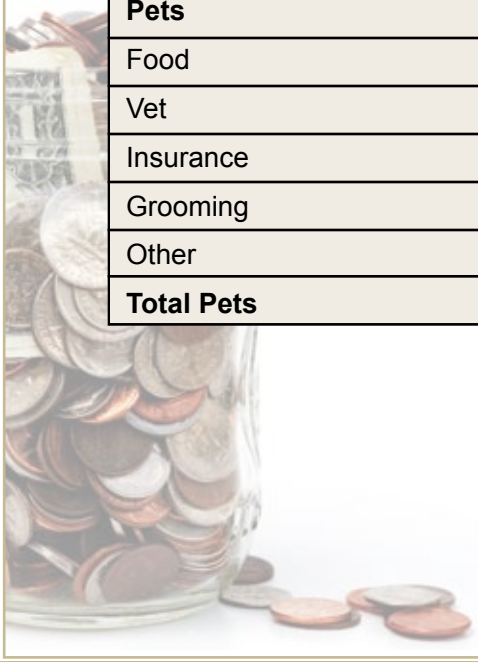
SOURCES OF EXPENSES	MONTHLY AMOUNT
Education Expenses	
Tuition	$
Books	$
Student Loans	$
Room/Board	$
Day Care	$
Newspapers/Magazines	$
Other	$
Total Education	**$**

SOURCES OF EXPENSES	MONTHLY AMOUNT
Clothing	
Purchases	$
Laundry	$
Dry Cleaning	$
Repairs	$
Other	$
Total Clothing	**$**

SOURCES OF EXPENSES	MONTHLY AMOUNT
Personal Care	
Beauty Salon/Haircuts	$
Cosmetics	$
Manicure/Pedicure	$
Toiletries	$
Other	$
Total Personal Care	**$**

SOURCES OF EXPENSES	MONTHLY AMOUNT
Entertainment	
Cable	$
Movies	$
Music	$
Sports	$
Hobbies	$
Internet	$
Other	$
Other	$
Total Entertainment	**$**

SOURCES OF EXPENSES	MONTHLY AMOUNT
Pets	
Food	$
Vet	$
Insurance	$
Grooming	$
Other	$
Total Pets	**$**



SOURCES OF EXPENSES	MONTHLY AMOUNT
Other	
Tobacco	$
Alcohol	$
Religion	$
Charity	$
Lottery	$
Vacation	$
Gifts	$
Other	$
Other	$
Other	$
Total Other	**$**

SOURCES OF EXPENSES	MONTHLY AMOUNT
Credit Cards	
#1	$
#2	$
#3	$
#4	$
#5	$
Total Credit Cards	**$**

SOURCES OF EXPENSES	MONTHLY AMOUNT
Savings	
Emergency Savings Account	$
Other	$
Other	$
Total Savings	**$**

TOTAL MONTHLY EXPENSES	**$**
SUMMARY (Total income minus total expenses)	**$**