



# MONTHLY HOUSEHOLD LIVING EXPENSES

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

<b>GROSS MONTHLY INCOME</b>	<input type="text" value="\$0"/>	<b>PERSONAL EXPENSES</b>	<input type="text" value="\$0"/>
Work/Pension Income	_____	Clothing/Shoes	_____
Work/Pension Income	_____	Medical/Dental	_____
Investments	_____	Cosmetics	_____
Other	_____	Recreational	_____
Other	_____	Union/Club Dues	_____
		Hair Care	_____
<b>LESS PAYCHECK DEDUCTIONS</b>	<input type="text" value="\$0"/>	Travel/Vacation	_____
Pre-Tax Savings/Retirement	_____	Continued Education	_____
Federal Taxes	_____	Professional Fees	_____
State Taxes	_____	Other	_____
FICA/Medicare	_____		
Other Pre-Tax Deductions	_____	<b>TRANSPORTATION</b>	<input type="text" value="\$0"/>
Other After-Tax Deductions	_____	Monthly Payment	_____
		Gas & Oil	_____
<b>NET SPENDABLE INCOME</b>	<input type="text" value="\$0"/>	Repair & Maintenance	_____
		Public Bus/Taxi	_____
<b>HOUSING</b>	<input type="text" value="\$0"/>	License	_____
House Mortgage/Rent	_____	Insurance	_____
Property Taxes	_____	Parking Expense	_____
Insurance	_____	Other	_____
Assessments	_____		
Improvements	_____	<b>INSURANCE</b>	<input type="text" value="\$0"/>
Help (Maid, Yard, etc.)	_____	Life Insurance	_____
Other	_____	Health Insurance	_____
		Dental/Vision	_____
<b>UTILITIES</b>	<input type="text" value="\$0"/>	Disability	_____
Electricity/Heat	_____	Long-Term Care	_____
Water	_____	Other	_____
Cable T.V.	_____		
Internet	_____	<b>DEBT/MISCELLANEOUS</b>	<input type="text" value="\$0"/>
Garbage	_____	Personal Loans	_____
Telephone/Cellular	_____	Credit Cards	_____
Repairs/Service	_____	Contributions	_____
Cleaning/Laundry	_____	Newspaper/Subscriptions	_____
Other	_____	Gifts	_____
		Pets	_____
<b>FOOD</b>	<input type="text" value="\$0"/>	Other/Cash	_____
For ( ) People	_____		
Meals Eaten Out	_____	<b>SAVINGS/INVESTMENTS</b>	<input type="text" value="\$0"/>
Other	_____	Retirement	_____
		Education	_____
<b>CHILDREN</b>	<input type="text" value="\$0"/>	Cash Reserves	_____
Clothing	_____	Other	_____
School Expenses	_____	Other	_____
School Lunches	_____		
Allowance	_____	<b>TOTAL MONTHLY EXPENSES</b>	<input type="text" value="\$0"/>
Doctor & Drugs	_____		
Dentist	_____		
Babysitting	_____		
Recreational	_____		
Hair Cuts	_____		
Other	_____		

INCOME VS. EXPENSES	
NET SPENDABLE INCOME	\$0
LESS TOTAL EXPENSES	\$0
DISCRETIONARY INCOME	\$0