

SPENDING PLAN

Client Name _____

INSTRUCTIONS: Fill in your estimated expenses in the column marked "estimate". For your expenses, use recent monthly bills to average your expenses.

MONTHLY LIVING EXPENSES	ESTIMATE	COUNSELOR		
Fixed Expenses	\$	\$	\$	\$
Rent or Mortgage Payment				
Second Mortgage/Equity Line				
Renter/Homeowner Insurance				
Car Payment #1				
Car Payment #2				
Child Care				
Tax Installments				
Student Loans				
Child Support				
Savings				
TOTAL FIXED EXPENSES				
Flexible Expenses	\$	\$	\$	\$
Groceries				
Meals Out				
School Lunches				
Electricity				
Oil/Gas/Utilities				
Water/Sewage/Garbage				
Telephone/Mobile Phone/Beeper				
Family Clothing				
Occupational Expenses				
Dry Cleaning/Laundry				
Home Cleaning Supplies				
Gasoline				
Bus Fares/Parking				
Diapers/Formula/Baby Supplies				
School - Tuition /Supplies				
Allowances				
Barber/Beauty Shop				
Books/Newspaper/Magazines				
Movies/Sporting Events/Entertainment				
Gifts/Parties/Holidays				
Cigarettes/Tobacco/Alcohol				
Baby Sitter				
Hobbies/Club Dues				
Medical				
Dental/Optical				
Drugs/Medication				
Church/Charities				
Bank Service Charges				
Postage				
Personal Care				
Pet Care				
Home Maintenance				
Lawn/Pool Maintenance/Home Security				
Cable TV				
Lottery/Casinos				
Storage				
Miscellaneous				
Vacations/Travel/Time Share				
TOTAL VARIABLE EXPENSES				
Periodic Expenses	\$	\$	\$	\$
Property Taxes				
Life Insurance				
Health/Accident Insurance				
Auto Insurance				
Auto Tags/Inspection				
Car Maintenance/Oil/Lube/Tires				
TOTAL PERIODIC EXPENSES				

MARITAL STATUS:

- Single
- Married
- Divorced
- Widow

DEPENDANTS:

- Yes
- No

Age: _____

- Renting
- Buying
- Own
- Other

Is Rent Delinquent?

- Yes
- No

Months: _____ Amount: \$ _____

1st Mortgage Paid to:

Is 1st Mortgage Delinquent?

- Yes
- No

Months: _____ Amount: \$ _____

2nd Mortgage Paid to:

Is 2nd Mortgage Delinquent?

- Yes
- No

Months: _____ Amount: \$ _____

TYPE OF MORTGAGE:

- FHA
- VA
- Conventional

Mortgage Balance: _____

Value of Home _____

WHERE DO YOU BANK?

(Bank or Credit Union)

Checking: _____

Savings: _____

VEHICLE INFORMATION:

Make: _____ Year: _____

Model: _____

Delinquent? _____ Balance: _____

Make: _____ Year: _____

Model: _____

Delinquent? _____ Balance: _____

COMMENTS:

TOTAL EXPENSES: