Monthly Basic Expenses (S = save item)	S	
Mortgage/Rent		
2nd Mortgage/Equity Loan		
Market Value _____		
- Mortgage Balance _____		
- 2nd Mortgage Balance _____		
= Equity _____		
Property Tax/Association Fees		
Home Maintenance		
Heat/Fuel		
Electricity		
Telephone – Basic		
Telephone – Long Distance		
Cellular/Pager/Internet		
Water/Sewage		
Trash		
Groceries/Household Goods		
Meals Out/Lunches		
Child Care		
Child Support		
Vehicle Pmt/Lease Loan Bal. =_____		
Vehicle Pmt/Lease Loan Bal. = _____		
Gasoline		
Car Maintenance		
Car Insurance		
Public Transportation/Parking/Tolls		
Home Owner's/Renter's Insurance		
Life Insurance (outside of work)		
Medical Expenses (out of pocket)		
Dental/Vision Expense (out of pocket)		
Laundry/Dry Cleaning		
Clothing		
Cable/Satellite		
Entertainment/Hobbies		
Gaming (lottery, casino, etc.)		
Tobacco		
Alcohol		
Drugs/Prescriptions		
Gifts/Major/Other		
Contributions/Donations		
Health & Beauty		
Pet/Veterinarian		
License/Dues		
Vacation/Travel		
Lessons/Tuition		
Kids Allowance		
Health Club		
Emergency Fund		
Miscellaneous		
Total Monthly Basic Expenses		

Monthly Net Income After Deductions

A.	Your Income	_____
B.	Other Person's Income	_____
C.	Support/Alimony	_____
D.	From Other Source	_____
E.	Payroll Saving (Auto Deposit)	_____
F.	**Total Monthly Net Income**	_____
	Pre-tax Retirement Savings =	_____

Past Due Basic Expenses	Amount	Payment
Past Due Mortgage/Rent		
Past Due 2nd Mortgage/Equity Loan		
Past Due Utility #1		
Past Due Utility #2		
Past Due Utility #3		
Past Due Utility #4		
Past Due Vehicle Pmt #1		
Past Due Vehicle Pmt #2		
Total Past Due		

Credit Card & Unsecured Loan Debt

Creditor Name	Interest Rate	Account Balance	Monthly Payment

** *Important to try to pay considerably more than the minimum monthly payment*

	Average % Rate	Total Account Balance	Total Mo. Payment
Total Creditor			

SUMMARY

1.	Monthly Net Income		_____
2.	Monthly Basic Expenses	(-)	_____
3.	Money Available to Pay Debt		_____
4.	Past Due Basic Expenses Required	(-)	_____
5.	Monthly Creditor Pmts Required	(-)	_____
6.	Target/Discretionary Amount		_____
7.	Total Outstanding Debt		_____
8.	Total of Save Items*		_____

* *Save item(s) may need special saving plan for non-monthly bill.*

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