

Click on the form and fill in the blanks.

INCOME:

Primary	\$
Secondary	\$
Other income	\$

Total Net Income \$

EXPENSES:

HOUSING EXPENSES

Mortgage/Rent payment	\$
Property Taxes (if not included with mortgage)	\$
Home/Rental Insurance (if not included with mortgage)	\$
Heating Expense	\$
Electricity	\$
Gas	\$
Water/Sewer/Garbage	\$
Telephone	\$
Cable Television	\$
Other	\$

Total Housing Expenses \$

TRANSPORTATION EXPENSES

Car Loan(s)	\$
Auto Insurance	\$
Gasoline	\$
Tolls	\$
Auto Maintenance	\$
Other	\$

Total Transportation Expenses \$

FOOD EXPENSES

Groceries	\$
Lunch/Dinner Expense	\$
Other	\$

Total Food Expenses \$

FAMILY EXPENSES

Health Insurance	\$
Life Insurance	\$
Education	\$
Laundry	\$
Child Care	\$
Clothing	\$
Other Medical Expenses	\$
Other	\$

Total Family Expenses \$

TOTAL MONTHLY EXPENSES \$

TOTAL DIFFERENCE IN EXPENSES AND INCOME \$