

# HOUSEHOLD SPENDING PLAN

Indicate # of people in household:

Adults \_\_\_\_\_ Children \_\_\_\_\_

**NET MONTHLY INCOME**

	NOW	W/HOUSE
Source 1	_____	_____
Source 2	_____	_____
Other Income	_____	_____
<b>Total Income (A)</b>	_____	_____

**FIXED EXPENSES**

	NOW	W/HOUSE
Rent/Mortgage	_____	_____
Electric	_____	_____
Gas/Oil	_____	_____
Water/Sewer	_____	_____
Telephone (basic)	_____	_____
long distance	_____	_____
cellular/pager	_____	_____
Trash pickup	_____	_____
Cable	_____	_____
Auto payment(s)	_____	_____
Auto Insurance	_____	_____
Life Insurance	_____	_____
Child Support/Alimony	_____	_____
Medical Insurance	_____	_____
Child Care	_____	_____
Other	_____	_____
<b>Total (B)</b>	_____	_____

**CREDITOR PAYMENTS**

	NOW	W/HOUSE
Installment Loans	_____	_____
Credit Card Payments	_____	_____
<b>Total Payments (C)</b>	_____	_____

**FLEXIBLE EXPENSES**

	NOW	W/HOUSE
Savings	_____	_____
Groceries	_____	_____
Lunch (work/school)	_____	_____
Eating Out	_____	_____
Entertainment/Hobbies	_____	_____
Laundry/Drycleaning	_____	_____
Cleaning Supplies	_____	_____
Clothing	_____	_____
Gasoline/Bus/Taxi	_____	_____
Newspaper/Magazines	_____	_____
Alcohol/Cigarettes	_____	_____
Church/Charity	_____	_____
Tuition/Books	_____	_____
Barber/Beauty Shop	_____	_____
Auto Maintenance	_____	_____
House Maintenance	_____	_____
Doctor/Dentist	_____	_____
Pets	_____	_____
Parking/Tolls	_____	_____
Lottery/Bingo	_____	_____
Other	_____	_____
<b>Total (D)</b>	_____	_____

**EXPENSES**

FIXED (B)	_____	_____
CREDITOR (C)	_____	_____
FLEXIBLE (D)	_____	_____
<b>TOTAL EXPENSES (E)</b>	_____	_____

Subtract Expenses from Income (A - E):

TOTAL INCOME (A)	_____	_____
TOTAL EXPENSES (E)	_____	_____
<b>DIFFERENCE + or -</b>	_____	_____

**Note:** If you have accounted for all your expenses, including savings, your difference should be **\$0.00**. If you come up with a positive number, you may want to consider allocating the extra money toward your debt and/or savings. If you come up with a negative number, you are spending more than you make. Review the spending plan thoroughly to examine where you can trim your expenses.

Applicant Signature \_\_\_\_\_ SSN \_\_\_\_\_

Applicant Signature \_\_\_\_\_ SSN \_\_\_\_\_

CERTIFICATION: I hereby certify that I have reviewed the above spending plan with the applicant(s) and concur that it is reasonable.

Lender or Counselor Signature: \_\_\_\_\_