

SPENDING PLAN

Estimate your monthly expenses below. For expenses that occur less frequently, such as car registration fees, convert the payments to monthly amounts. Then, taking into account your lifestyle, indicate which expenses are essential and cannot be eliminated or reduced.

Monthly Income: _____

Category	Item	Monthly Amount	Percentage of Income	Essential?	Will It Vary?
Saving	Emergency Fund				
	Retirement Fund				
	Investment Fund				
	College Fund				
	Other				
Housing	Mortgage				
	Rent/Condo Fees				
	Property Tax				
	Homeowner's Insurance				
	Home Improvements/ Maintenance				
	Other				
Utilities	Heat				
	Electricity				
	Water/Sewer				
	Telephone/Cable/Internet/ Cell Phone				
	Other				
Personal	Groceries				
	Clothing				
	Laundry/Dry Cleaning				
	Personal Care				
	Other				
Health Care and Insurance	Medical Insurance				
	Dental Insurance				
	Life Insurance				
	Long-Term Care Insurance				
	Disability Insurance				
	Deductibles/Co-Pays/ Out-of-Pocket Costs				
	Other				

SPENDING PLAN *continued*

Category	Item	Monthly Amount	Percentage of Income	Essential?	Will It Vary?
Family Care	Children/Grandchildren Support				
	Parental Support				
	Child Care/Baby-Sitting				
	Other				
Transportation	Auto Loan/Lease Payment				
	Registration Fees or Excise Tax				
	Gasoline				
	Insurance				
	Routine Maintenance				
	Commuting Expenses				
	Other				
Recreation	Vacations				
	Other Travel				
	Hobbies				
	Club Dues				
	Other				
Entertainment	Dining Out/Beverages				
	Event Tickets (e.g., movies, sports, concerts)				
	Other				
Gifts	Gifts				
Charitable Donations	Charitable Donations _____				
Debt	Credit Card Payments				
	Personal Loan Payments				
	Student Loan Payments				
Miscellaneous	Pocket Money/ATM				
	Other				
Other Expenses (Pet Care/ Unreimbursed Business/ Education Fees)					
Total					