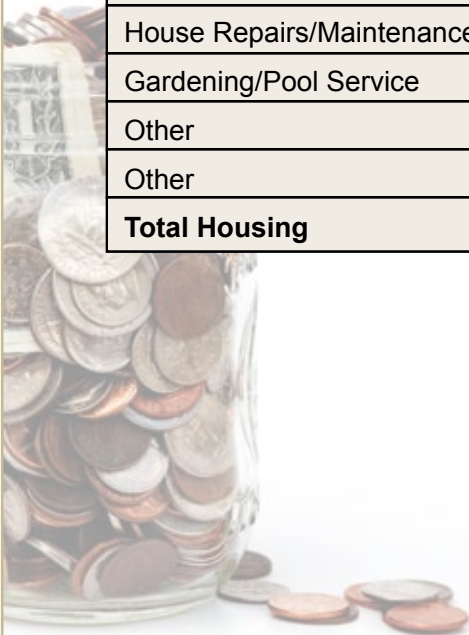


Monthly Spending Plan

SOURCES OF INCOME	MONTHLY AMOUNT (NET)
Employment (Primary)	\$
Employment (Spouse)	\$
Social Security	\$
Pension	\$
Alimony or Child Support	\$
Commissions	\$
Other	\$
Other	\$
TOTAL MONTHLY INCOME	\$

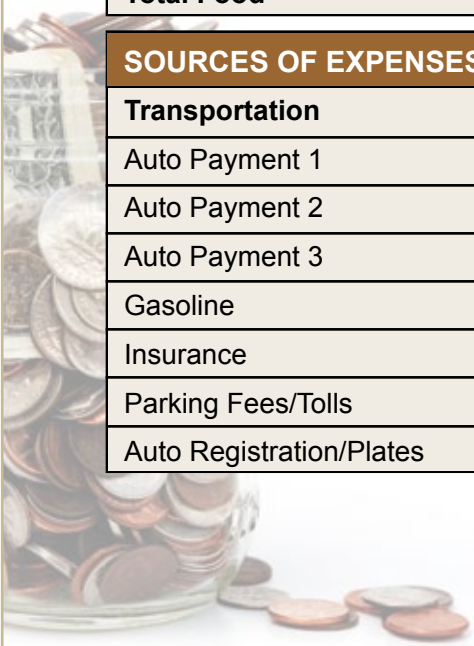
SOURCES OF EXPENSES	MONTHLY AMOUNT
Housing	
Mortgage	\$
2nd Mortgage	\$
Home Equity Loan/Line	\$
Rent	\$
Property Taxes	\$
Condominium Fee	\$
Homeowners/Renters Insurance	\$
House Repairs/Maintenance	\$
Gardening/Pool Service	\$
Other	\$
Other	\$
Total Housing	\$



SOURCES OF EXPENSES	MONTHLY AMOUNT
Utilities	
Gas	\$
Oil	\$
Propane	\$
Electricity	\$
Water/Sewer	\$
Trash Removal	\$
Telephone	\$
Cell Phone	\$
Other	\$
Total Utilities	\$

SOURCES OF EXPENSES	MONTHLY AMOUNT
Food	
Groceries	\$
Eating Out Lunch	\$
Dining Out	\$
Coffee/Snacks	\$
Kids Lunch Money	\$
Other	\$
Total Food	\$

SOURCES OF EXPENSES	MONTHLY AMOUNT
Transportation	
Auto Payment 1	\$
Auto Payment 2	\$
Auto Payment 3	\$
Gasoline	\$
Insurance	\$
Parking Fees/Tolls	\$
Auto Registration/Plates	\$

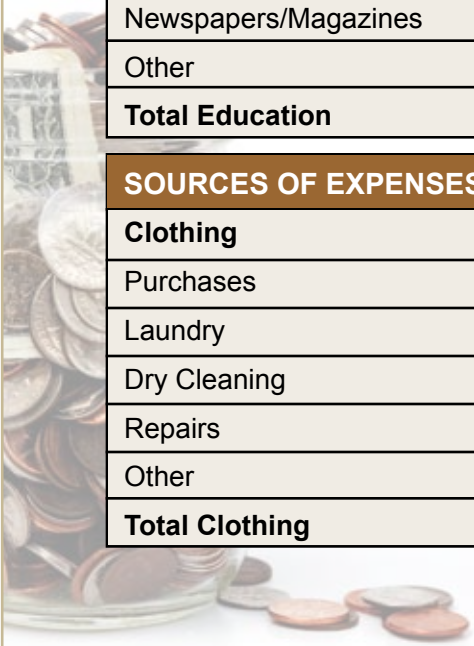


SOURCES OF EXPENSES	MONTHLY AMOUNT
Transportation	
Public Transportation	\$
Car Repairs/Maintenance	\$
Other	\$
Total Transportation	\$

SOURCES OF EXPENSES	MONTHLY AMOUNT
Health Care	
Health Insurance	\$
Prescriptions	\$
Co-pay/Deductibles	\$
Other	\$
Total Health Care	\$

SOURCES OF EXPENSES	MONTHLY AMOUNT
Education Expenses	
Tuition	\$
Books	\$
Student Loans	\$
Room/Board	\$
Day Care	\$
Newspapers/Magazines	\$
Other	\$
Total Education	\$

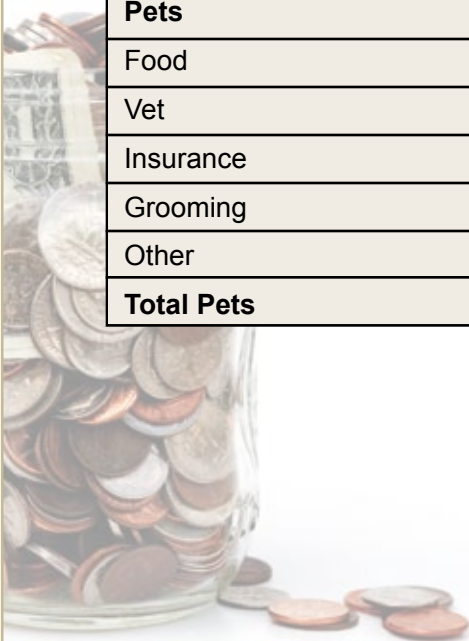
SOURCES OF EXPENSES	MONTHLY AMOUNT
Clothing	
Purchases	\$
Laundry	\$
Dry Cleaning	\$
Repairs	\$
Other	\$
Total Clothing	\$



SOURCES OF EXPENSES	MONTHLY AMOUNT
Personal Care	
Beauty Salon/Haircuts	\$
Cosmetics	\$
Manicure/Pedicure	\$
Toiletries	\$
Other	\$
Total Personal Care	\$

SOURCES OF EXPENSES	MONTHLY AMOUNT
Entertainment	
Cable	\$
Movies	\$
Music	\$
Sports	\$
Hobbies	\$
Internet	\$
Other	\$
Other	\$
Total Entertainment	\$

SOURCES OF EXPENSES	MONTHLY AMOUNT
Pets	
Food	\$
Vet	\$
Insurance	\$
Grooming	\$
Other	\$
Total Pets	\$



SOURCES OF EXPENSES	MONTHLY AMOUNT
Other	
Tobacco	\$
Alcohol	\$
Religion	\$
Charity	\$
Lottery	\$
Vacation	\$
Gifts	\$
Other	\$
Other	\$
Other	\$
Total Other	\$

SOURCES OF EXPENSES	MONTHLY AMOUNT
Credit Cards	
#1	\$
#2	\$
#3	\$
#4	\$
#5	\$
Total Credit Cards	\$

SOURCES OF EXPENSES	MONTHLY AMOUNT
Savings	
Emergency Savings Account	\$
Other	\$
Other	\$
Total Savings	\$

TOTAL MONTHLY EXPENSES	\$
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SUMMARY (Total income minus total expenses)	\$
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