



<b>Name:</b>	<b>Month:</b>
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<b>Actual Balance:</b> (Actual income minus expenses)	
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HOUSING	COST
Mortgage/Rent	
Phone	
Electricity	
Gas	
Water & Sewer	
Cable/Netflix	
Waste Removal	
Maintenance	
Supplies	
Other	
<b>Subtotal</b>	

ENTERTAINMENT	COST
Video/DVD	
CDs	
Movies	
Concerts	
Sporting Events	
Live Theater	
Prime	
Ancestry	
Other	
<b>Subtotal</b>	

PERSONAL CARE	COST
Medical	
Hair/Nails	
Clothing	
Dry Cleaning	
Health Club	
Organization Fees	
Other	
<b>Subtotal</b>	

FOOD	COST
Groceries	
Dining Out	
Other	
<b>Subtotal</b>	

GIFTS/DONATIONS	COST
Charity	
Charity 2	
<b>Subtotal</b>	

PETS	COST
Food	
Medical	
Grooming	
Toys	
Other	
<b>Subtotal</b>	

LEGAL	COST
Attorney	
Alimony	
Payments on lien or judgment	
Other	
<b>Subtotal</b>	

<b>TOTAL MONTHLY COST:</b>	
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Actual Monthly Income	
Income 1	
Extra Income	
<b>Total Monthly Income</b>	

TRANSPORTATION	COST
Vehicle Payment	
Bus/Public Trans.	
Insurance	
Licensing	
Fuel	
Maintenance	
Other	
<b>Subtotal</b>	

INSURANCE	COST
Home	
Health	
Life	
Other	
<b>Subtotal</b>	

LOANS	COST
Personal	
Student	
Credit Card	
Credit Card	
Credit Card	
Other	
<b>Subtotal</b>	

SAVINGS/INVESTMENTS	COST
Retirement Account	
Investment Account	
Other	
<b>Subtotal</b>	

**SUBMIT**