

MONTHLY NET INCOME AND EXPENSES MANAGEMENT

	Monthly	Annual	
	_____	_____	INCOME
	_____	_____	Net Income
	_____	_____	Maintenance
	_____	_____	Child Support
	_____	_____	Other
Total Income	_____	_____	
			EXPENSES
			Housing
	_____	_____	Mortgage Payment
	_____	_____	Rent
	_____	_____	Utilities
	_____	_____	Phone
	_____	_____	Other
Total Housing	_____	_____	
			Food / Beverage
			Daycare
			Clothing / personal
			Transportation
	_____	_____	Auto Payment / Lease
	_____	_____	Gas
	_____	_____	Repairs
	_____	_____	Registration
	_____	_____	Insurance
	_____	_____	Other
Total Transportation	_____	_____	
			Medical
			Health
			Insurance
	_____	_____	Deductible
	_____	_____	Doctor / Dentist
	_____	_____	Optical
	_____	_____	Prescriptions
Total Medical	_____	_____	