

# Monthly Spending Plan Worksheet

Crisis Budget

Long Term Budget

## Monthly Fixed Expenses

## Monthly Variable Expenses

<p><b>Housing</b></p> <p>Rent or Mortgage                   \$ _____</p> <p>Insurance/Taxes*                   \$ _____</p> <p>Other                                   \$ _____</p>	<p><b>Food</b></p> <p>Groceries                           \$ _____</p> <p>Food eaten out                   \$ _____</p> <p>Other                                 \$ _____</p>
<p><b>Utilities</b></p> <p>Telephone                         \$ _____</p> <p>Heating                             \$ _____</p> <p>Electricity                         \$ _____</p> <p>Trash/garbage                   \$ _____</p> <p>Water                               \$ _____</p> <p>Sewer                               \$ _____</p> <p>Cable                                \$ _____</p> <p>Other                                 \$ _____</p>	<p><b>Household Expenses</b></p> <p>Repairs &amp; supplies               \$ _____</p> <p>Furnishings &amp; appliances       \$ _____</p> <p>Outside upkeep                  \$ _____</p> <p>Other                                \$ _____</p> <p>Other                                \$ _____</p>
<p><b>Credit Card Payments</b></p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p><b>Transportation</b></p> <p>Gas                                 \$ _____</p> <p>Other transportation           \$ _____</p> <p>Repairs                            \$ _____</p> <p>Other                                \$ _____</p>
<p><b>Auto</b></p> <p>Loan payment                    \$ _____</p> <p>Insurance*                        \$ _____</p> <p>License                            \$ _____</p> <p>Other                                \$ _____</p>	<p><b>Care</b></p> <p>Personal/Medical Care         \$ _____</p> <p>Child/Elder Care                \$ _____</p> <p>Other                                \$ _____</p>
<p><b>Child Support/Alimony</b>       \$ _____</p>	<p><b>Education/Reading</b>            \$ _____</p>
<p><b>Life Insurance*</b>                \$ _____</p>	<p><b>Travel &amp; Entertainment</b>      \$ _____</p>
<p><b>Other</b></p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p>	<p>Charity/Gifts/Special Expenses \$ _____</p> <p>Clothing                           \$ _____</p> <p>Savings                            \$ _____</p> <p>Other                                \$ _____</p>
<p><b>Total Monthly Fixed Expenses <u>Without Housing</u></b>   \$ _____</p> <p><b>Total Monthly Fixed Expenses <u>With Housing</u></b>     \$ _____</p>	<p><b>Total Monthly Variable Expenses</b>                    \$ _____</p>

\*\*\*\*\* Everything Below Here to Be Filled Out By a WNHS Counselor \*\*\*\*\*

Monthly Gross Income = \_\_\_\_\_  
 x 31% = \_\_\_\_\_  
 Taxes & Insurance = \_\_\_\_\_  
 Available Principle & Interest = \_\_\_\_\_

**Total Monthly Expenses**  
without housing : \_\_\_\_\_  
 - Total Monthly Net Income: \_\_\_\_\_  
 Difference: \_\_\_\_\_

with housing: \_\_\_\_\_  
 - Total Monthly Net Income: \_\_\_\_\_  
 Difference: \_\_\_\_\_