

Monthly Expenses

Monthly Expenses (Worksheet)

Client: _____

Item	Monthly Expenses			Weekly Expense			
	Self	Children	Total	Self	Children	Total	
HOUSING:			0			0	0
Rent or Mortgage payment			0			0	0
Household Utilities:			0			0	0
Gas & Electric			0			0	0
Telephone			0			0	0
Heating			0			0	0
Water & Sewer			0			0	0
Other			0			0	0
Maintenance and House Repairs			0			0	0
Swimming Pool Maintenance			0			0	0
Lawn Care and Snow Removal			0			0	0
Homeowner's Insurance			0			0	0
FOOD			0			0	0
CLOTHING			0			0	0
MEDICAL EXPENSES:			0			0	0
Medical Insurance			0			0	0
Doctors			0			0	0
Dentists			0			0	0
Orthodontist			0			0	0
Prescriptions			0			0	0
Other			0			0	0
INSURANCE:			0			0	0
Life			0			0	0
Disability			0			0	0
Personal Liability			0			0	0
Malpractice			0			0	0
Other			0			0	0
TRANSPORTATION:			0			0	0
Automobile Payments			0			0	0
Gas and oil			0			0	0
Repairs and Maintenance			0			0	0
Insurance			0			0	0
Tires and tags			0			0	0
Taxi, Bus Fare			0			0	0
Parking			0			0	0
RECREATION AND ENTERTAINMENT:			0			0	0
Monthly Expenses			0			0	0
Vacation			0			0	0
Gifts			0			0	0
NEWSPAPERS, MAGAZINES			0			0	0
CHARITABLE CONTRIBUTIONS:			0			0	0
Church			0			0	0
Other			0			0	0
FURNITURE AND FURNISHING			0			0	0
REPLACEMENT FOR HOME			0			0	0
REPAIR AND REPLACEMENT OF			0			0	0
APPLIANCES			0			0	0
HAIRCUTS AND HAIRDRESSER			0			0	0
DRY CLEANING AND LAUNDRY			0			0	0
PROFESSIONAL BOOKS			0			0	0
CHILDREN'S ALLOWANCES			0			0	0
DOMESTIC ASSISTANCE			0			0	0
BABY-SITTERS			0			0	0
DEBT SERVICE			0			0	0
EDUCATION:			0			0	0
Tuition			0			0	0
Lunch Money			0			0	0
Books and Supplies			0			0	0
Transportation			0			0	0
Uniforms			0			0	0
Other: Day Care			0			0	0
OTHER:			0			0	0
			0			0	0
TOTAL:	0	0	0	0	0	0	0