

MONTHLY CASH FLOW PLAN for _____

| | EARNER | SOURCE OF INCOME | AVERAGE MONTHLY | WEEK #1 | WEEK #2 | WEEK #3 | WEEK #4 |
|---------------------|--------------------|-------------------|-----------------|---------|---------|---------|---------|
| INCOME | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL INCOME | | | | | | | |
| EXPENSES | | | | | | | |
| DATE DUE | GIVING | _____ | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ | _____ | _____ |
| | INVESTMENTS | _____ | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ | _____ | _____ |
| | SAVINGS | _____ | _____ | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ | _____ | _____ |
| | HOUSING | MORTGAGE/RENT | _____ | _____ | _____ | _____ | _____ |
| | | TAXES | _____ | _____ | _____ | _____ | _____ |
| | | INSURANCE | _____ | _____ | _____ | _____ | _____ |
| | | ELECTRIC | _____ | _____ | _____ | _____ | _____ |
| | | HEAT | _____ | _____ | _____ | _____ | _____ |
| | | PHONE | _____ | _____ | _____ | _____ | _____ |
| | | CELL PHONE | _____ | _____ | _____ | _____ | _____ |
| | | TRASH | _____ | _____ | _____ | _____ | _____ |
| | | Cable/Satellite | _____ | _____ | _____ | _____ | _____ |
| | | INTERNET | _____ | _____ | _____ | _____ | _____ |
| | | HOME REPAIRS | _____ | _____ | _____ | _____ | _____ |
| | | REPLACE FURNITURE | _____ | _____ | _____ | _____ | _____ |
| | AUTOMOTIVE | GAS | _____ | _____ | _____ | _____ | _____ |
| | | INSURANCE | _____ | _____ | _____ | _____ | _____ |
| | | LICENSE/TAXES | _____ | _____ | _____ | _____ | _____ |
| | | REPAIRS/MAINT. | _____ | _____ | _____ | _____ | _____ |
| | | REPLACE CAR | _____ | _____ | _____ | _____ | _____ |
| | Household | Food | _____ | _____ | _____ | _____ | _____ |
| | | Household | _____ | _____ | _____ | _____ | _____ |
| | | DINING OUT | _____ | _____ | _____ | _____ | _____ |
| | | SCHOOL LUNCH | _____ | _____ | _____ | _____ | _____ |
| | Clothing | Adults | _____ | _____ | _____ | _____ | _____ |
| | | Children | _____ | _____ | _____ | _____ | _____ |