

# 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: \_\_\_\_\_