

The Village Financial Resource Center SPENDING PLAN

DATE: _____ NAME: _____

FIXED EXPENSES	Current Monthly	Adjusted Monthly	Adjusted Monthly
Rent/Mortgage			
Car Payments			
Insurance			
Child Support			
Child Care			
Student Loans			
Ready Reserve			
Cable TV			
Internet			
Other			
TOTAL	\$	\$	\$
VARIABLE EXPENSES			
Groceries			
Toiletries			
Utilities			
Telephone			
Cell Phone			
Gas			
Donations			
Eating Out			
Movies / Tapes			
Hobbies			
Alcoholic Beverages			
Cigarettes			
Gambling			
Other			
TOTAL	\$	\$	\$
PERIODIC EXPENSES			
Property Taxes (if not escrowed)			
Home Maintenance			
Car Maintenance / License			
Insurance (if not paid monthly)			
Medical Expenses (if not paid monthly)			
Clothing			
Education			
Gifts			
Vacations			
Other			
TOTAL	\$	\$	\$
GRAND TOTAL	\$	\$	\$

The Village Financial Resource Center SUMMARY WORKSHEET

DATE: _____ NAME: _____

INCOME	CURRENT	ADJUSTED	ADJUSTED
#1 Net Wages			
#2 Net Wages			
Other Sources			
Other Sources			
Other Sources			
TOTAL NET INCOME	\$	\$	\$

EXPENSES			
Fixed Expenses			
Variable Expenses			
Periodic Expenses			
Debt Payment			
TOTAL EXPENSES	\$	\$	\$
SURPLUS OR DEFICIT	\$	\$	\$