

SPENDING PLAN

Indicate # of people in household:

Adults _____ Children _____

NET MONTHLY INCOME

Source 1 _____

Source 2 _____

Other Income _____

Total Income (A) _____

FIXED EXPENSES

Rent/Mortgage _____

Electric _____

Gas/Oil _____

Water/Sewer _____

Telephone (basic) _____

 Long distance _____

 Cellular _____

Trash pickup _____

Cable/Internet _____

Auto payment(s) _____

Auto Insurance _____

Life Insurance _____

Renter Insurance _____

Child Support/Alimony _____

Medical Insurance _____

Child Care _____

Other _____

Total (B) _____

CREDITOR PAYMENTS

Installment Loans _____

Credit Card Payments _____

Total Payments (C) _____

FLEXIBLE EXPENSES

Saving _____

Groceries _____

Lunch (work / school) _____

Eating out _____

Entertainment / Hobbies _____

Laundry / Dry Cleaning _____

Cleaning Supplies _____

Clothing _____

Gasoline / Bus / Taxi _____

Newspaper / Magazine _____

Alcohol / Cigarettes _____

Church / Charity _____

Tuition / Books _____

Barber / Beauty Shop _____

Auto Maintenance _____

House Maintenance _____

Doctor / Dentist _____

Prescriptions _____

Pets _____

Parking / Tolls _____

Lottery / Bingo _____

Other _____

Total (D) _____

EXPENSES

FIXED (B) _____

CREDITOR (C) _____

FLEXIBLE (D) _____

TOTAL EXPENSES (E) _____

Subtract Expenses from Income (A – E):

TOTAL INCOME (A) _____

TOTAL EXPENSES (E) _____

DIFFERENCE + or - _____

Note: If you have accounted for all your expenses, including savings, your difference should be \$0.00. If you come up with a positive number, you may want to consider allocating the extra money toward your debt and/or savings. If you come up with a negative number, you are spending more than you make. Review the spending plan thoroughly to examine where you can trim your expenses.

Applicant Signature _____ SSN _____

Applicant Signature _____ SSN _____

CERTIFICATION: I hereby certify that I have reviewed the above budget with the application(s) and concur that it is reasonable.

Lender or Counselor Signature: _____