



## Monthly Income and Expense Sheet

### Monthly Income

Head of Household Net Income \$ \_\_\_\_\_  
 Spouse / 2nd Net Income \$ \_\_\_\_\_  
 Extra Income (bon/tax/com/int) \$ \_\_\_\_\_  
 Pension / Soc. Security \$ \_\_\_\_\_  
 Alimony \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 2nd Job \$ \_\_\_\_\_  
 Other: (gifts, inheritance) \$ \_\_\_\_\_

**Total Monthly Income:** \$ \_\_\_\_\_

<b>Total Monthly Income</b>	\$ _____
(from left)	—
<b>Total Monthly Expenses</b>	\$ _____
(from below)	—
<b>Credit Card/Medical Debt</b>	\$ _____
(see Debt Summary Form)	
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<b>Total Monthly Amount</b>	\$ _____
(funds left over)	

### Monthly Expenses

<b>SAVINGS</b>	Tithe / Offerings * * *	\$ _____	
	Savings / Emergency Fund	\$ _____	
	College Fund	\$ _____	
	Retirement Funds	\$ _____	
<b>HOUSING &amp; LIVING EXPENSES</b>	Mortgage / Rent	\$ _____	
	Lot Rent	\$ _____	
	Homeowner/ Renter Insurance	\$ _____	
	Property Taxes	\$ _____	
	Homeowner's Association	\$ _____	
	Security Systems	\$ _____	
	House Repair / Maintenance	\$ _____	
	Heating Gas or Oil	\$ _____	
	Electricity	\$ _____	
	Water / Sewage	\$ _____	
	Trash Collection	\$ _____	
	Telephone	\$ _____	
	Cell Phone	\$ _____	
	Cable TV	\$ _____	
Internet Services	\$ _____		
<b>INSUR.</b>	Pest Control	\$ _____	
	Pool Supplies	\$ _____	
	Lawn Care	\$ _____	
<b>SPECIAL DEBTS</b>	Health Insurance	\$ _____	
	Life Insurance	\$ _____	
	Disability Insurance	\$ _____	
	Secured Loan/ 2nd mortgage	\$ _____	
<b>HOUSING &amp; LIVING EXPENSES</b>	Secured Loan	\$ _____	
	Student Loan	\$ _____	
	IRS -- back taxes	\$ _____	
	Clothing / Diapers	\$ _____	<b>CLOTHES</b>
	Dry Cleaning	\$ _____	
	Car Payment	\$ _____	
	Car Payment	\$ _____	
	Car Insurance	\$ _____	
	Gasoline Costs	\$ _____	<b>AUTO</b>
	Car Repairs / Maintenance	\$ _____	
Auto Tags	\$ _____		
<b>HOUSING &amp; LIVING EXPENSES</b>	Food / Household Expenses	\$ _____	
	Work / School Lunches	\$ _____	
	Beauty Supplies	\$ _____	<b>FOOD</b>
	Pet Food	\$ _____	
<b>HOUSING &amp; LIVING EXPENSES</b>	Medical / Doctor Visits	\$ _____	
	Dentist / Orthodontist	\$ _____	
	Eye Care	\$ _____	<b>MEDICAL &amp; HEALTH</b>
	Medications / Vitamins	\$ _____	
<b>HOUSING &amp; LIVING EXPENSES</b>	Gym Membership	\$ _____	
	Recreation / Fun Money	\$ _____	
	Allowances	\$ _____	<b>RECREATION</b>
	Hobbies / Sports / Clubs	\$ _____	
<b>HOUSING &amp; LIVING EXPENSES</b>	Vacations	\$ _____	
	Recreation Vehicles	\$ _____	
	Miscellaneous	\$ _____	
	Hair Cuts / Manicures	\$ _____	<b>MISC. &amp; CHILD CARE</b>
<b>HOUSING &amp; LIVING EXPENSES</b>	Gifts	\$ _____	
	Vet / Grooming	\$ _____	
	Child Care Fees	\$ _____	
	Alimony/Child Support	\$ _____	
<b>HOUSING &amp; LIVING EXPENSES</b>	Private or Home School	\$ _____	

**Subtotal:** \$ \_\_\_\_\_

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**Subtotal:** \$ \_\_\_\_\_

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**Total Monthly Expenses:** \$ \_\_\_\_\_

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