

Average Monthly Expenses

| <u>Home Expenses</u> | <u>Amount Per Month</u> |
|--|-------------------------|
| Rent/First Mortgage | |
| Second Mortgage | |
| Homeowner's Insurance (if not included in mortgage) | |
| Taxes (if not included in mortgage) | |
| Electric | |
| Gas | |
| Water | |
| Home Phone | |
| Cell Phone | |
| Cable | |
| Internet | |
| Other Expenses | |
| Sub-Total: | |

| <u>Transportation Expenses</u> | <u>Amount Per Month</u> |
|--------------------------------|-------------------------|
| Car Payment 1 | |
| Car Payment 2 | |
| Auto Insurance | |
| Gasoline | |
| Car Repairs | |
| Bus Fare | |
| Other Expenses | |
| Sub-Total: | |

| <u>Medical Expenses</u> | <u>Amount Per Month</u> |
|-------------------------|-------------------------|
| Doctor Visits | |
| Medication | |
| Dentist Visits | |
| Medical Bills | |
| Sub-Total: | |

| <u>Living Expenses</u> | <u>Amount Per Month</u> |
|-------------------------|-------------------------|
| Groceries | |
| Dining Out | |
| Food at Work | |
| School Lunches | |
| School Tuition/Fees | |
| Childcare | |
| Child Support/Alimony | |
| Clothing | |
| Church Tithes/Donations | |
| Tobacco/Alcohol | |
| Life Insurance | |
| Medical Insurance | |
| Other Expenses | |
| Toiletries | |
| Sub-Total: | |

| <u>Other Debts</u> | <u>Amount Per Month</u> |
|-----------------------|-------------------------|
| Credit Card 1 | |
| Credit Card 2 | |
| Credit Card 3 | |
| Student Loans | |
| Debt Mgmt./Bankruptcy | |
| IRS Payments | |
| _____ | |
| _____ | |
| _____ | |
| Sub-Total: | |

Do not include items deducted from your paycheck

Total of all Expenses:

