

Name: _____

Gross Income: _____ Net Income: _____ Number in Family: _____

MONTHLY LIVING EXPENSES

Expense	Current	Projected	Expense	Current	Projected
Savings			Family		
Downpayment			Life Insurance		
Emergency Plan			Day Care/Baby Sitting		
Housing			Allowance/Spending Money		
Rent/Mortgage			Alimony/Child Support		
2nd Mortgage/Mobile Home Space			Education		
Property Tax			Tuition/School Expense		
Renters/Homeowners Ins			Music or Other Lessons		
Home Furnishings			Student Loans		
Repairs & Improvements			Donations/Church		
Utilities			Entertainment		
Electricity			Cable/Video/CD's		
Gas			Dining Out		
Garbage/Water/Sewer			Sports/Hobbies		
Telephone/Cellular/Pager			Vacations		
Food			Newspaper/Magazines/Books		
Groceries/Household Supplies			Personal		
Food Bought at Work			Barber/Beauty Shop		
School Lunches			Toiletries/Cosmetics		
Transportation			Tobacco/Alcohol		
Car Payment #1			Miscellaneous		
Car Payment #2			Pet Care		
Gasoline			Gifts - B'day, Xmas, Anniv., Cards		
Auto Insurance			Dues - Unions, Clubs, Associations		
Maintenance/Tires			Bank Charges;Stamps/Envelopes		
Registration/Liscenses/Smog			Taxes		
Parking/Carpool/Bus/Tolls			Miscellaneous		
Clothing			List below all credit card and loan payments		
For the Family					
Laundry/Dry Cleaners/Shoe Repair					
Diapers/Other					
Health Care					
Health Insurance					
Doctor/Dentist/Eye Care					
Prescriptions			Total Expenses		
Other			Net Monthly Income		

Signature
Date

ByDesign Financial Solutions
(800) 750-2227

Signature
Date