

# MONTHLY INCOME & EXPENSES

Monthly Income	
Net salary 1	
Net salary 2	
Additional income	
Total monthly income	
Housing Expenses	
Rent/Mortgage	
Home insurance	
Electric	
Gas	
Water	
Trash/Recycling	
Phone	
Other	
Total housing expenses	
Personal Care Expenses	
Groceries	
Beauty	
Dining out	
Clothing	
Child care	
Education	
Travel	
Pets	
Other	
Total personal care expenses	

Auto Expenses	
Car payment	
Car insurance	
Gas	
License/Taxes	
Maintenance	
Other	
Total auto expenses	
Medical Expenses	
Medical payments	
Dental payments	
Vision payments	
Counseling	
Insurance	
Gym membership	
Other	
Total medical expenses	
Other Expenses	
Savings	
Debt repayment	
Giving	
Total other expenses	
Balance Sheet	
Total income	
Total expenses	
Variance	

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# SUGGESTED SPENDING

Monthly  
Income

Monthly  
Expenses

	Expense \$	Suggested %	Actual %	Difference
Rent/Mortgage		28%		
Home Insurance				
Phone		2%		
Car Payment		10%		
Car Insurance				
Gas		2%		
Utilities		7%		
Groceries		10%		
Medical		5%		
Giving		10%		
Debt Repayment		10%		
Savings		10%		
Other		6%		

**Total  
Difference**

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# DEBT ELIMINATION WORKSHEET

Debt Name	Balance Due	Interest Rate	Minimum Monthly Payment	New Monthly Payment

**Total Debt:**

**Total Minimum Monthly Payments:**

**Amount Budgeted for Debt Repayment:**

**New Total Monthly Payments:**

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