

HOUSEHOLD INCOME

NAME _____		SPOUSE NAME _____	
Occupation:		Spouse's Occupation:	
Employer's Name:		Employer's Name:	
How Long Employed There ?:		How Long Employed There ?:	
Address:		Address:	

DEPENDENTS			Marital Status:	
Name	Age	Relationship		
			<input type="checkbox"/> Married <input type="checkbox"/> Single	
			<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
			<input type="checkbox"/> Separate Expenses	

INCOME	YOU	SPOUSE
	Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	Pay Period <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly
EARNINGS PER PAY PERIOD		
Gross Pay per Pay Period		
Estimated Overtime per Pay Period		
PAYROLL DEDUCTIONS PER PAY PERIOD		
Payroll Taxes and Social Security		
Insurance		
Union Dues		
Retirement		
Pension Loans		
Other Deductions:		
Other Deductions:		
TAKE HOME PAY PER PAY PERIOD		
Regular Income from Business, Profession or Farm		
Income from Real Property		
Interest and Dividends		
Pension and Retirement Income		
Alimony Received		
Soc. Sec./Govt. Assist., explain:		
Other Monthly Income:		
Other Monthly Income:		
Other Monthly Income:		
TOTAL COMBINED MONTHLY INCOME		

MONTHLY EXPENSES

HOUSING EXPENSES		
Rent or 1 st mortgage payment.	\$	
2 nd mortgage/home equity loan.	\$	
Home maintenance (repairs and upkeep).	\$	
Electricity.	\$	
Gas/Oil Heat	\$	
Water.	\$	
Sewer.	\$	
Cable.	\$	
Telephone.	\$	
Cell Phones.	\$	
Internet Access.	\$	
Other _____	\$	
TOTAL HOUSING EXPENSES		\$

FOOD, CLOTHING, MEDICAL		
Food - Groceries.	\$	
Outside Meals	\$	
Clothing.	\$	
Laundry and dry cleaning.	\$	
Medical, dental and prescription costs & co-pays.	\$	
Health Insurance (not paid out of pay check).	\$	
Alimony, maintenance, and support paid to others.	\$	
Day care expenses & Babysitting expenses.	\$	
TOTAL FOOD, CLOTHING, MEDICAL EXPENSES		\$

TRANSPORTATION		
Gas.	\$	
Insurance.	\$	
Maintenance & Repairs	\$	
Tolls/Parking.	\$	
Auto #1.	\$	
Auto #2.	\$	
TOTAL TRANSPORTATION EXPENSES		\$

OTHER DEBT PAYMENT	
Student Loans.	\$ _____
Computers/TV's & Other Appliances.....	\$ _____
Furniture Loans.	\$ _____
Credit Cards (minimum monthly payment)	\$ _____
TOTAL OTHER DEBT EXPENSES	
	\$ _____

MISCELLANEOUS	
Education (including tuition and school books).....	\$ _____
Newspapers, periodicals and books.	\$ _____
Gifts/Birthdays/Holidays.....	\$ _____
Vacation.....	\$ _____
Recreation, clubs, movies and entertainment.....	\$ _____
Charitable contributions.	\$ _____
Haircuts, Nails & Grooming.	\$ _____
Pet Supplies, Vet, Grooming.....	\$ _____
Reg. expenses from operation of business.	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL MISCELLANEOUS PAYMENTS	
	\$ _____

TOTAL MONTHLY EXPENSES	\$ _____
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SUMMARY

Net Household Income \$ _____
Household expenses \$ _____
CASH FLOW → → → → \$ _____