

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: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Separate Expenses
Name	Age	Relationship	
INCOME		YOU	SPOUSE
		Pay Period (how often) <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	Pay Period (how often) <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			
Alimony/Child Support			
Other Deductions:			
TAKE HOME PAY PER PAY PERIOD			
Regular Income from Business			
Income from Real Property			
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	\$ _____	
Heat	\$ _____	
Water / Sewer (monthly)	\$ _____	
Cable	\$ _____	
Telephone	\$ _____	
Cell Phones	\$ _____	
Internet Access	\$ _____	
Real Estate Taxes (not included in mtg)	\$ _____	
TOTAL HOUSING EXPENSES		

FOOD, CLOTHING, MEDICAL		
Food - Groceries	\$ _____	
Outside Meals	\$ _____	
Clothing	\$ _____	
Health Insurance (not paid out of pay check)	\$ _____	
Medical, dental and prescription costs & co-pays ..	\$ _____	
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 PAYMENTS		
Student Loans	\$ _____	
Computers/TV's & Other Appliances	\$ _____	
Furniture Loans	\$ _____	
Credit Cards (minimum monthly payment)	\$ _____	
TOTAL OTHER DEBT PAYMENTS		\$ _____

MISCELLANEOUS	
Education (including tuition & school books)	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
Other _____	\$ _____
TOTAL MISCELLANEOUS PAYMENTS	\$ _____

TOTAL MONTHLY EXPENSES	\$ _____
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SUMMARY

Net Household Income \$ _____

Household Expenses \$ _____

CASH FLOW → → → → → → → → → → \$ _____