NET MONTHLY INCOME FROM ALL SOURCES

HOUSING EXPENSES Amount
Rent / Mortgage
Real Estate Taxes
Association Dues
Repairs / Maintenance
TOTAL

UTILITIES
Amount
Electricity
Gas
W ater
Trash
Internet
Cable
Phone
TOTAL

FOOD
Amount
Groceries
Restaurants
TOTAL

PERSONAL CARE
New Clothes
Laundry / Dry Cleaning
Salon Services
TOTAL

## TRANSPORTATION

Gas
Car Maintenance
Parking
Public Transportation
TOTAL

MEDICAL
Doctor Visits
Emergency Visits
Lab Results
Medications
Supplements \& Vitamins
TOTAL

| Amount |  | INSURANCE |
| :--- | :--- | :--- |
|  | $\$ 0.00$ | Life Insurance |
|  | $\$ 0.00$ | Health Insurance |
|  | $\$ 0.00$ | Dental Insurance |
|  | $\$ 0.00$ | Vision Insurance |
|  | $\$ 0.00$ | Homeowner / Renter's |
|  |  | Auto Insurance |
|  |  | Disability Insurance |
|  | $\$ 0.00$ | TOTAL |
|  | $\$ 0.00$ |  |
|  | $\$ 0.00$ | CHARITY |

