

ANALYSIS OF BUDGET

LIST WHAT YOU SPEND IN EACH CATEGORY PER MONTH

	Current Amount	Proposed Amount
Lights		
Heat		
Water/Sewer		
Garbage		
Cell Phone		
TV/Cable		
Computer/Internet		
Condo/Lot/HOA Fees		
Life Insurance		
Car Insurance		
Medical Insurance		
Prescriptions		
Home Insurance*		
Property Taxes*		
Car Taxes/License*		
Alimony		
Child Support		
Day Care		
2 FIXED EXPENSE SUBTOTAL		
Groceries		
Toiletries/Misc.		
Gasoline		
Church/Charity		
Memberships		
Subscriptions Books/Music/Games		
School Lunches		
Allowances		
Med/DDS/Vision*		
Storage Unit		
Alarm System		
Car Maintenance*		
Vacations*		
Home Maintenance*		
Transportation/Bus,etc.		
Clothing*		
Dry Cleaning/Laundry		
Animals/Pets		
Barber/Beauty Shop		
Nails/Lashes		
Hobbies/Sports*		
Entertainment		
Work Lunches/Breaks		
Dinner Out		
Alcohol/Tobacco/Vape		
Christmas*		
Gifts*		
Savings		
Other		
3 OTHER EXPENSES SUBTOTAL		

	Current	Proposed
TOTAL INCOME		
1 Less Monthly to creditors		
2 Less fixed expenses		
3 Less other expenses		
Over/Short		

RESET FORM
PRINT BLANK FORM
PRINT FORM
SUBMIT FORM

NOTES

*Periodic Expenses Monthly Total:

Money that MUST go into SAVINGS monthly to pay for upcoming expected expenses to avoid future debt.

