

Spending Plan Worksheet



Please complete this worksheet before attending your financial coaching session.

Month

Year

| MY MONTHLY INCOME (Take-Home Pay): | AMOUNT |
|------------------------------------|--------|
| Paycheck(s) | |
| Other Income | |
| TOTAL INCOME | |

| MONTHLY EXPENSES | AMOUNT DUE |
|----------------------------------|------------|
| HOUSING | |
| Rent / Mortgage | |
| Utilities (gas, water, electric) | |
| Home / Renters Insurance | |
| HOA Fees | |
| Phone (cell / home phone) | |
| Cable / Internet | |
| Other: | |
| FOOD | |
| Groceries / Household supplies | |
| Eating Out / Fast Food | |
| Other: | |
| DEBT PAYMENT | |
| Credit Card Payment(s) | |
| Student Loan(s) | |
| Bank Loan(s) | |
| Other: | |
| ENTERTAINMENT | |
| Movies / Concerts | |
| Sporting Events | |
| Other: | |
| SUBTOTAL | |

| MONTHLY EXPENSES | AMOUNT DUE |
|---------------------------------------------|------------|
| TRANSPORTATION | |
| Car Payment(s) | |
| Car Insurance | |
| Gas | |
| Car Maintenance (tires, oil change, etc.) | |
| Public Transportation / Parking / Toll Fees | |
| Other: | |
| PERSONAL AND HEALTH | |
| Clothing | |
| Toiletries / Beauty Care Products | |
| Haircuts | |
| Prescriptions / Medicine | |
| Health / Dental / Life Insurance | |
| Other: | |
| FAMILY | |
| Child care / Babysitter | |
| Other: | |
| MISCELLANEOUS / OTHER | |
| Savings | |
| Charity / Gifts | |
| Other: | |
| SUBTOTAL | |

TOTAL EXPENSES

INCOME (-) Minus **EXPENSES** = **FUNDS AVAILABLE***

* If the "Funds Available" total is red, this indicates a negative balance.