

MINIMUM MONTHLY LIVING EXPENSE WORKSHEET FOR: _____				
HOUSING	EXPENSE	ADJUSTMENT	NEW AMOUNT	COMMENTS
Rent or Mortgage Pmt				
2nd Mortgage Pmt or Space Rent				
Taxes & Insurance(Not included in Pmt)				
Gas & Electricity				
Telephone & Cell Phone				
Water/Sewer/Trash				
Cable TV/Internet				
<b>FOOD</b>				
Groceries (incl.all food, personal care items, paper products & laundry and cleaning supplies)				
Work & school meals				
<b>TRANSPORTATION</b>				
Car Payment #1 (Lease-Yes <input type="checkbox"/> No <input type="checkbox"/> )				
Car Payment #2 (Lease Yes <input type="checkbox"/> No <input type="checkbox"/> )				
Registration / Smog (Divide Annual by 12)				*SAVE MONTHLY
Auto Insurance				
Gasoline / Oil Changes etc. &				
<b>INSURANCE</b>				
Life (Not payroll deducted)				
Health/Medical (not payroll deducted)				
<b>MEDICAL</b>				
Doctor / Dentist/Co-payments				
Prescriptions				
<b>CHILD CARE</b>				
Day care for working hours				
Diapers & Wipes				
Spousal or Child Support				
<b>CHURCH DONATIONS</b>				
Tithing				
General				
<b>EDUCATION</b>				
Tuition / School Supplies				
Student Loans (How many? )				
<b>TAXES</b>				
Estimates				
Prior Years (See Page 1)				
Other				
<b>DISCRETIONARY SPENDING</b>				
Clothing				*SAVE MONTHLY
Shoes				
Uniforms				
Dining Out, Spending Money, Entertainment				
Gifts				
Tobacco / Alcohol / Cigarettes				
<b>SAVINGS</b>				
Emergencies				
<b>DUES</b>				
Union/Club/Association/Gym Fees				
Bank Charges				
<b>OTHER</b>				
Co-signed loans				
Misc. (Please identify)				
<b>TOTAL EXPENSES</b>				
<b>TOTAL INCOME</b>				
<b>TOTAL LIVING EXPENSES</b>				
<b>DOLLARS AVAILABLE FOR OTHER DEBTS</b>				
<b>CCCS DEBT REPAYMENT PROGRAM</b>				
<b>SURPLUS (+) OR DEFICIT (-)</b>				