Instructions

How to Create Your Spending Plan

A form to help you accurately understand your spending is on page 2 of this document. Here are instructions for filling it in.

- 1. Fill in the "Now" column on the Household Monthly Spending Plan form.
- 2. Total your current expenses and subtract them from your income. Does the form show you have money you know you don't have left over each month? If so, don't worry. Most of us can't accurately remember where all our money goes each month unless we've kept a written record.
- 3. Track every penny you spend for a set period of time one or two months so you can see exactly where your money is going. With detailed information on how you're spending your money, you have the power to make adjustments to your plan by allocating a specific amount for miscellaneous spending (dining out, clothing), reducing the amount you spend on a specific habit/activity or eliminating the expense.
- **4. Make sure your spending plan is realistic** and accurately reflects both your income and expenses. Remember, you're creating your "road map" to help lead you "home."
- 5. Now fill in the "With House" column to estimate your "with house" expenses in addition to the mortgage payment that you may have as a homeowner. (You can replace estimates with actual amounts when you start looking at houses.)





HOUSEHOLD SPENDING & SAVING PLAN

FAMILY SIZE			FLEXIBLE EXPENSES		
Adults				Now	With House
Children			Savings		
			Groceries/Food Delivery		
			Eating Out (work. etc.)		
NET MONTHLY INCOM	E		Entertainment/Hobbies		
	Now	With House	Laundry/Dry Cleaning		
Source 1		77	Clothing		
Source 2			Cleaning Supplies		
Source 3			Auto Gas/Electric		
			Auto Maintenance		
Total Income (A)					
			Ride Sharing or Service		
			Parking/Tolls		
FIXED EXPENSES			App Purchase		
	Now	With House	Alcohol/Cigarettes		
Rent/Mortgage	, v . v v	viiii i iodoc	Church/Charity		
Electric			Tuition/Books		
Gas/Oil			Barber/Salon Services		
Water/Sewer			Membership (Gym, etc.))	
			Doctor/Dentist		
Cell/Home Phone			Pets		
Streaming Services			Lottery/Bingo		
Internet Service			Lawn Care		
Trash Pickup			Maintenance/Repairs		
Television Services			Other		
Medical Insurance			Other		
Auto Insurance					
Life Insurance			Total Flexible (D)		
Renter/Home Insurance					
Child Support/Alimony					
Child Care			EVDENCEC		
HOA/Condo Fees			EXPENSES		
Other			Fixed (B)		
			Debt (C)		
(5)			Flexible (D)		
Total Fixed (B)					
			Total Expenses (E)		
DEBT PAYMENTS					
	Now	With House	0.1.1.15		-\
Automobile Loan			Subtract Expenses from	m income (A -	E)
Other Loans			Total Income (A)		
(Personal, furniture, etc.)			Total Expenses (E)		
Student Loans			Difference + or -		
Major Credit Cards					
Other Purchase Cards					
(Dept. store, Gas etc.)			Applicants Signature:		
T-1-1D-1-(0)			A constitution of the City		
Total Debt (C)			Applicants Signature:		
CERTIFICATION: I hereby	certify that I have	ve reviewed the above	budget with the applicar	nt(s) and concurt	hat it is
reasonable	John J marrina		augot with the applical	(s) and concur	

Lender or Counselor Signature: _