

Monthly Net Income

<u>Income 1</u>	<u> </u>
<u>Income 2</u>	<u> </u>
<u>Pension</u>	<u> </u>
<u>Interest/Rents/Misc</u>	<u> </u>
<u>Child Support</u>	<u> </u>
<u>Other</u>	<u> </u>
<u>Total Monthly Net</u>	<u> </u>

Cash Flow Plan

Budget Item	Subtotal	Total	% of Pay
<i>Charitable Gifts</i>			
Giving			
<i>Saving</i>			
Emergency Fund			
Retirement			
College			
<i>Housing</i>			
1st Mortgage			
2nd Mortgage			
RE Taxes (if not impounded)			
Renter's insurance			
Repairs/Maint.			
Rent			
<i>Utilities</i>			
Electricity			
Water			
Gas/Heat			
Phone			
Cell Phone			
Trash			
Cable/Internet			
<i>*Food</i>			
*Grocery			
*Restaurants			
<i>Transportation</i>			
Car Payment			
Car Payment			
Gas/Oil			
Repairs/Tires			
Auto Insurance			
License/Reg./Insp.			
Car Replacement			
Page 1 Total			

Budget Item	Sub Total	Total	% of pay
*Clothing			
*Children	_____		
*Adults	_____		
*Cleaning/Laundry	_____	_____	_____
Medical			
Disability Insurance	_____		
Health Insurance	_____		
Doctor Bills/Copays	_____		
Dental	_____		
Vision	_____		
Drugs	_____	_____	_____
Personal			
Life Insurance	_____		
Child Care	_____		
Toiletries	_____		
Cosmetics	_____		
*Hair Care	_____		
Education	_____		
Tuition	_____		
School Supplies	_____		
Child Support	_____		
Alimony	_____		
Subscriptions	_____		
Dues	_____		
Gifts (inc. Christmas)	_____		
Miscellaneous	_____		
*Pocket Money	_____	_____	_____
Page 2 Total		_____	

