



Family Spending Planner

Family Name: _____ Date: _____

Address: _____

	ACTUAL	PLANNED
TOTAL NET MONTHLY INCOME (from all sources)(A)	\$	\$
MONTHLY EXPENSES		
HOUSING:		
Rent or Mortgage Payment	\$	\$
Maintenance (cleaning products/repairs)	\$	\$
Utilities (electric/gas/oil/water/phone)	\$	\$
Electric \$		
Gas/Oil \$		
Water \$		
Phone \$		
Equipment and Furnishings	\$	\$
Insurance and Taxes	\$	\$
FOOD		
Food at home	\$	\$
Food away from home	\$	\$
TRANSPORTATION		
Car payment	\$	\$
Maintenance (gas/oil/repairs)	\$	\$
Gas \$		
Oil \$		
Repairs \$		
Insurance	\$	\$
MEDICAL / DENTAL	\$	\$
OTHER CREDIT (unsecured loans)	\$	\$
Credit Cards \$		
Other \$		
CLOTHING AND PERSONAL	\$	\$
EDUCATIONAL / RECREATION	\$	\$
CONTRIBUTIONS AND GIFTS	\$	\$
OTHER	\$	\$
Life Insurance \$		
Child Care \$		
Misc./Emergency \$		
SAVINGS	\$	\$
TOTAL MONTHLY EXPENSES – (B)	\$	\$
DIFFERENCE: + or (-) (C) (A-B=C)	\$	\$