|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Category | Plan | Week 1 | Week 2 | Week 3 | Week 4 | Total | +/- |
| Housing & Utilities: |  |  |  |  |  |  |  |
| Mortgage/Rent |  |  |  |  |  |  |  |
| R.E.Taxes\* |  |  |  |  |  |  |  |
| Insurance\*  HOA Dues |  |  |  |  |  |  |  |
| Electric |  |  |  |  |  |  |  |
| Gas/Heating Oil |  |  |  |  |  |  |  |
| Water/Sewer/ Trash Collection |  |  |  |  |  |  |  |
| Phone (cell, landline)Internet/ TV service |  |  |  |  |  |  |  |
| Food: Groceries |  |  |  |  |  |  |  |
| Ordered In or Carry Out |  |  |  |  |  |  |  |
| Restaurants |  |  |  |  |  |  |  |
| Fast food, coffee, etc. |  |  |  |  |  |  |  |
| Clothing |  |  |  |  |  |  |  |
| Laundry & Cleaning |  |  |  |  |  |  |  |
| Transportation: |  |  |  |  |  |  |  |
| Car Payment |  |  |  |  |  |  |  |
| Fuel |  |  |  |  |  |  |  |
| Routine Maintenance |  |  |  |  |  |  |  |
| Insurance |  |  |  |  |  |  |  |
| License & Inspection/Pers. Property Tax |  |  |  |  |  |  |  |
| Bus/Taxi/other public trans./ parking |  |  |  |  |  |  |  |
| Medical: Insurance\*\* |  |  |  |  |  |  |  |
| Co-Payments/ Deductibles |  |  |  |  |  |  |  |
| Prescriptions |  |  |  |  |  |  |  |
| OTC Meds & Supplements |  |  |  |  |  |  |  |
| Child/Spousal Support (if applicable) |  |  |  |  |  |  |  |
| Sub-total of essentials\_\_\_\_\_\_ |  |  |  |  |  |  |  |
| Savings: General |  |  |  |  |  |  |  |
| Specific short-term (vac, holiday, etc) |  |  |  |  |  |  |  |
| Long-term\*\* |  |  |  |  |  |  |  |
| Personal Care Services (all types, subdivide as appropriate) |  |  |  |  |  |  |  |
| Home Furnishing, Maint., Repair |  |  |  |  |  |  |  |
| Life / Disability Insurance\*\* |  |  |  |  |  |  |  |
| Education & Learning: Tuition/Fees |  |  |  |  |  |  |  |
| Continuing Ed. Or other classes |  |  |  |  |  |  |  |
| Books & Literature## |  |  |  |  |  |  |  |
| Dues, memberships, subscriptions % |  |  |  |  |  |  |  |
| Children’s Expenses not included above (e.g. allowances, toys, treats, sports team fees) |  |  |  |  |  |  |  |
| Other: Contributions (sub-divide as appropriate) |  |  |  |  |  |  |  |
| Gifts |  |  |  |  |  |  |  |
| Postage/Delivery |  |  |  |  |  |  |  |
| Recreation & Entertainment (sub-divide as appropriate) |  |  |  |  |  |  |  |
| Retirement of debt: Credit Cards |  |  |  |  |  |  |  |
| Personal Loans |  |  |  |  |  |  |  |
| Other Debt |  |  |  |  |  |  |  |
| Irregular expenses for this month |  |  |  |  |  |  |  |
| TOTALS: |  |  |  |  |  |  |  |

Notes to the spending plan:

* \* If you have no rent or mortgage payment, put an amount here to be saved each month until those bills are due.
* \*\* Don’t include these items if your entire cost for them is deducted from your paycheck. For income, use net or “take-home” pay, not gross salary or wages.
* ## This category includes any on-line services or subscriptions you pay for. Or, they may be in another category. Just be sure to include them somewhere.
* % May include dues to social organizations (lodges, community organizations, etc.) too, even if not strictly “educational.”