

# Monthly Spending Planner

## Section 1. Income

Your first step is to add up all sources of income - take home pay, Social Security benefits, pension payments, alimony, child support, workers' compensation, unemployment and disability payments.

If your earnings are irregular - for example, if you're a salesperson who receives part or all of your income from commissions - it may be more difficult to estimate your income. If this is true for you, it is better to underestimate than overestimate your income when developing your spending plan.

## Section 2. Expenses

Convert annual, semi-annual and quarterly bills into a monthly amount.

Even though not all bills come due monthly, you can budget for them each month.

To calculate a monthly payment for an annual, semi-annual or quarterly bill, determine the annual amount and divide by 12.

Example X: Your auto insurance premium of \$300.00 is due twice a year. The annual payment would be:

\$300 insurance premium bill

x 2 bills per year

\$600 total annual premium

To budget for this expense, each month you would need to set aside:

\$600 total annual premium

/ 12 months in a year

\$ 50 a month

By setting aside money in your savings each month for these types of bills, you will have the money ready and their payment won't be a strain.

1. *Installment Loans* - Automobile loans, furniture and appliance loans, personal loans, student loans as well as any payments

you are currently making and will be making to finance companies or an any other installment debts should be recorded here.

2. *Revolving Credit* - Department store charges, bank cards and any other credit card payments you make should go into this section.

3. *Child Support/Maintenance* - Enter all payments made on a monthly basis

4. *Medical Bills* - List all balances on any bills that you currently have.

5. *Other* - List all other financial obligations that you make monthly payments on.

6. *Housing* - Enter your current month rent in the monthly payment column; your anticipated mortgage payment in the after home purchase column.

Make sure you find out from your lender whether taxes and insurances are included in your mortgage payment and escrowed. If not, you are responsible for remitting the payments when they come due and will need to budget accordingly. Enter these amounts in the after home purchase column.

7. *Utilities* - Enter your current average monthly payment in the monthly payment column and your anticipated average monthly payment for each applicable utility in the after home purchase column. Talk to the previous owner or contact local utility companies for costs. To simplify budgeting, consider going on a utility budget plan. The budget plan will allow you to pay the same amount each month and more evenly speak out costs over a 12-month period.

8. *Household Operations* - Heat/cooling system maintenance; carpet cleaning; carpentry; landscaping/gardening; appliance, electrical and plumbing repairs; garbage pickup; and paint, cleaning, paper and general supplies, including tools, light bulbs, fixtures, hardware, etc. - anything that you would use to keep up your apartment or home would be listed here. As a general rule of thumb, set aside 1% of your property value annually to cover after-home-purchase maintenance expenses.

9. *Food* - There are four major categories for food purchases: groceries, school lunches, work lunches and eating out. The tendency is to use the supermarket receipt totals as "food costs", but many nonedibles are included in supermarket purchases such as cleaning supplies and personal care items. Try to take this into account when entering your costs for groceries. School or work lunches include meals as well as snacks and beverages consumed away from home.

10. *Transportation* - Gasoline, oil changes and repairs, preventive maintenance and all of the other costs associates with maintaining a care listed here. License plates, insurance, parking costs and money spent on public transportation, buses, subways, taxies etc., are also included.

11. *Healthcare* - Even though health and dental premiums are listed separately, there are often additional health-related expenses that are not covered by insurance, including deductibles and co-payments. Doctor and dentists bills, drug charges, hospital payments, contact lenses and glasses are just a few of the items that fall into this category. Estimate a lump sum and divide by 12 for a monthly expense amount.

12. *Personal Care* - New clothing purchases, uniforms, laundry, dry cleaning, hair care, cosmetics and toiletries all fall into this category.

13. *Family* - Enter current and anticipated expenses for child care, school fees, reading material, lessons and allowances.

14. *Entertainment* - Enter current and anticipated expenses that any of the items in this topic that you or your family plan on participating in. Union, youth group and professional organization dues can often be overlooked or included with miscellaneous expenses, but they can add up and should be listed here.

15. *Pets* - Enter current and anticipated expenses for all pets in the family.

16. *Donations & Gifts* - Include any contributions to a religious organization or charity in this section. Consider all the people that you purchase gifts for through the course of a year and the approximate dollar value, divide that amount by 12 to budget for these expenses on a monthly basis.

17. *Miscellaneous* - Be careful not to lump too many expenses under this category; otherwise, it becomes too large and does not help you plan. Be as specific as possible when entering your expenses. You may need to retain the services of an attorney to help you with personal legal matters, such as creating a will. You may need an accountant's services if you're not knowledgeable about tax codes and applicable deductions. Consult with an attorney/accountant regarding the fees for these services.

18. *Major Improvements* - You probably will not be doing major improvements at this time, but this category has been included for future budgeting.

19. *Savings* - Include money saved through savings bonds, credit unions or bank accounts and that is not entered through payroll deductions.

### Section 3. Income/Expense Comparison

Now it's time to analyze the bottom line. Enter your Total Net Income from Section 1. Income and the total from Section 2. Expenses.

If your Monthly Net Income is greater than your After Home Purchase expenses, your financial transition to homeownership should be no problem. You may want to consider increasing your savings contributions if this amount is considerably more than your total expenses.

If your Monthly Net Income is less than your After Home Purchase monthly expense total, you need to examine your expenses for opportunities to cut back to eliminate the difference.

# Spending Plan Worksheet

This spending plan was created for \_\_\_\_\_

| <b>Section 1. Income</b>             | <b>Monthly<br/>Payment</b> | <b>Yearly<br/>Payment</b> | <b>Past<br/>Due</b> | <b>Crisis</b> |
|--------------------------------------|----------------------------|---------------------------|---------------------|---------------|
| Wage Earner 1 - net monthly wages*   |                            |                           |                     |               |
| Wage Earner 1 - net monthly wages*   |                            |                           |                     |               |
| Wage Earner 2 - net monthly wages*   |                            |                           |                     |               |
| Wage Earner 2 - net monthly wages*   |                            |                           |                     |               |
| Social Security/Pension              |                            |                           |                     |               |
| SSI - Supplemental Income            |                            |                           |                     |               |
| Child Support/Maintenance            |                            |                           |                     |               |
| Public Assistance/Food Stamps        |                            |                           |                     |               |
| Disability/Unemployment Compensation |                            |                           |                     |               |
| Tips/Commissions/Overtime            |                            |                           |                     |               |
| Other _____                          |                            |                           |                     |               |
| Other _____                          |                            |                           |                     |               |
| <b>Total monthly net income</b>      | <b>\$ -</b>                | <b>\$ -</b>               | <b>\$ -</b>         | <b>\$ -</b>   |

\*note: if paid weekly - multiply pay by 4.33  
 if paid bi-weekly - multiply by 2.17  
 if paid semi monthly - multiply by 2  
 if paid monthly - just enter amount

This spending plan was created for \_\_\_\_\_

| <b>Section 2. Expenses</b>           | <b>Monthly Payment</b> | <b>Yearly Payment</b> | <b>Past Due</b> | <b>Crisis</b> |
|--------------------------------------|------------------------|-----------------------|-----------------|---------------|
| <b>1. Installment Loans</b>          |                        |                       |                 |               |
| Automobiles                          |                        |                       |                 |               |
| Furniture/Appliances                 |                        |                       |                 |               |
| Student Loans                        |                        |                       |                 |               |
| Personal Loans                       |                        |                       |                 |               |
| <b>2. Revolving Credit</b>           |                        |                       |                 |               |
| 1 _____                              |                        |                       |                 |               |
| 2 _____                              |                        |                       |                 |               |
| 3 _____                              |                        |                       |                 |               |
| <b>3. Child Support/Maintenance</b>  |                        |                       |                 |               |
| <b>4. Medical Bills</b>              |                        |                       |                 |               |
| 1 _____                              |                        |                       |                 |               |
| 2 _____                              |                        |                       |                 |               |
| 3 _____                              |                        |                       |                 |               |
| <b>5. Other</b>                      |                        |                       |                 |               |
| 1 _____                              |                        |                       |                 |               |
| 2 _____                              |                        |                       |                 |               |
| <b>6. Housing</b>                    |                        |                       |                 |               |
| Rent/Mortgage                        |                        |                       |                 |               |
| Real Estate Taxes                    |                        |                       |                 |               |
| Rent/Homeowners Insurance Premiums   |                        |                       |                 |               |
| <b>7. Utilities</b>                  |                        |                       |                 |               |
| Gas                                  |                        |                       |                 |               |
| Electric                             |                        |                       |                 |               |
| Water                                |                        |                       |                 |               |
| Garbage Pickup                       |                        |                       |                 |               |
| Telephone - Land Line                |                        |                       |                 |               |
| Telephone - Cell                     |                        |                       |                 |               |
| <b>8. Household Operations</b>       |                        |                       |                 |               |
| Maintenance/Repairs                  |                        |                       |                 |               |
| Other _____                          |                        |                       |                 |               |
| <b>9. Food</b>                       |                        |                       |                 |               |
| Groceries                            |                        |                       |                 |               |
| School Lunches                       |                        |                       |                 |               |
| Work Related                         |                        |                       |                 |               |
| Eating Out                           |                        |                       |                 |               |
| Tobacco Products, Beer, Wine, Liquor |                        |                       |                 |               |
| Other _____                          |                        |                       |                 |               |

# Spending Plan Worksheet

This spending plan was created for \_\_\_\_\_

|                                    | Monthly Payment | Yearly Payment | Past Due | Crisis |
|------------------------------------|-----------------|----------------|----------|--------|
| <b>10. Transportation</b>          |                 |                |          |        |
| License Plates & Registration Fees |                 |                |          |        |
| Insurance                          |                 |                |          |        |
| Gasoline                           |                 |                |          |        |
| Maintenance/Repair                 |                 |                |          |        |
| Public Transportation              |                 |                |          |        |
| Other _____                        |                 |                |          |        |
| <b>11. Health Care</b>             |                 |                |          |        |
| Health Insurance Premiums          |                 |                |          |        |
| Health Insurance Deductible        |                 |                |          |        |
| Co - Pay Doctor Visits             |                 |                |          |        |
| Dentist                            |                 |                |          |        |
| Vision                             |                 |                |          |        |
| Prescriptions/Supplements          |                 |                |          |        |
| Life Insurance Premiums            |                 |                |          |        |
| Disability Insurance Premiums      |                 |                |          |        |
| Other _____                        |                 |                |          |        |
| <b>12. Personal Care</b>           |                 |                |          |        |
| Clothing                           |                 |                |          |        |
| Uniforms                           |                 |                |          |        |
| Shoes                              |                 |                |          |        |
| Cosmetics                          |                 |                |          |        |
| Nail                               |                 |                |          |        |
| Toiletries                         |                 |                |          |        |
| Hair Cuts                          |                 |                |          |        |
| Dry Cleaning and Laundry           |                 |                |          |        |
| Other _____                        |                 |                |          |        |
| <b>13. Family</b>                  |                 |                |          |        |
| Child care/Babysitting             |                 |                |          |        |
| School Tuition, fees, supplies     |                 |                |          |        |
| Lessons - sports, dance, music     |                 |                |          |        |
| Newspapers/Magazines               |                 |                |          |        |
| Allowance - Parents                |                 |                |          |        |
| Allowance - Children               |                 |                |          |        |
| Other _____                        |                 |                |          |        |

# Spending Plan Worksheet

This spending plan was created for \_\_\_\_\_

|   | Monthly Payment | Yearly Payment | Past Due | Crisis |
|---|-----------------|----------------|----------|--------|
| <b>14. Entertainment</b>                    |                 |                |          |        |
| Movie Rental                                |                 |                |          |        |
| Cable/Satellite TV                          |                 |                |          |        |
| Internet                                    |                 |                |          |        |
| Movies, Sporting Events, Concerts           |                 |                |          |        |
| Hobbies/Sports                              |                 |                |          |        |
| Membership - Clubs/Organizations/Union Dues |                 |                |          |        |
| Lottery Tickets & Gambling                  |                 |                |          |        |
| Vacation/Travel                             |                 |                |          |        |
| Tobacco Products, Beer, Wine, Liquor        |                 |                |          |        |
| Other _____                                 |                 |                |          |        |
| <b>15. Pets</b>                             |                 |                |          |        |
| License                                     |                 |                |          |        |
| Food  |                 |                |          |        |
| Vet Bills                                   |                 |                |          |        |
| Other _____                                 |                 |                |          |        |
| <b>16. Gifts &amp; Donations</b>            |                 |                |          |        |
| Birthdays & Anniversaries                   |                 |                |          |        |
| Holidays - Christmas, Valentines            |                 |                |          |        |
| Charities                                   |                 |                |          |        |
| Church                                      |                 |                |          |        |
| Other _____                                 |                 |                |          |        |
| <b>17. Miscellaneous</b>                    |                 |                |          |        |
| Checking Account Fees/Money Orders          |                 |                |          |        |
| Postage                                     |                 |                |          |        |
| Pictures/Photo Processing                   |                 |                |          |        |
| Tax Preparation                             |                 |                |          |        |
| Other _____                                 |                 |                |          |        |
| <b>18. Major Improvements</b>               |                 |                |          |        |
| Heating/Air Conditioning                    |                 |                |          |        |
| Appliances/Furniture                        |                 |                |          |        |
| Carpeting                                   |                 |                |          |        |
| Windows/Siding                              |                 |                |          |        |
| Roof  |                 |                |          |        |
| Other _____                                 |                 |                |          |        |
| <b>19. Savings</b>                          |                 |                |          |        |
| Emergency                                   |                 |                |          |        |
| College                                     |                 |                |          |        |
| Retirement                                  |                 |                |          |        |
| Other _____                                 |                 |                |          |        |
| <b>Total Expenses</b>                       | \$ -            | \$ -           | \$ -     | \$ -   |

This spending plan was created for \_\_\_\_\_

|   | <b>Monthly<br/>Payment</b> | <b>Yearly<br/>Payment</b> | <b>Past<br/>Due</b> | <b>Crisis</b> |
|---|----------------------------|---------------------------|---------------------|---------------|
| <b>Section 3. Income/Expense Comparison</b> |                            |                           |                     |               |
| Total Income from section 1                 | \$ -                       | \$ -                      | \$ -                | \$ -          |
| Total Expenses from section 2               | \$ -                       | \$ -                      | \$ -                | \$ -          |
| Difference - gain/loss                      | \$ -                       | \$ -                      | \$ -                | \$ -          |

Please describe the issues that have prevented you from making your mortgage payment.

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Please describe efforts you have made to contact your servicer and bring your mortgage current.

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Describe your goal with regard to your home (that is, indicate whether you wish to keep it , refinance, sell, etc.).

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date