

**NECESSARY MONTHLY EXPENSES**

	WIFE	HUSBAND
Rent	\$	\$
Mortgage Payment		
2 <sup>nd</sup> /HomeEq/ or CD Payment		
Homeowner's Insurance		
Real Estate Taxes		
Maintenance & Repairs		
Yard Service/Gardening		
Association Fee		
Electricity		
Heat		
Sewer/water		
Regular phone service		
Long distance		
Cell/pager		
Garbage		
Internet Service Provider, DSL		
Cable		
Food		
Restaurants		
Carryout		
Liquor		
Clothing/Shoes		
Laundry and Dry Cleaning		
Medical not covered by insurance		
Dental not covered by insurance		
Orthodontist		
Eyeglasses		
Medicine/drugs		
Therapy/counseling		
Car payment /replacement fund		
Car Insurance		
Gasoline		
Oil changes		
Repairs/maintenance		
Parking/Garage rental		
License/Tabs/Driver's License		
Bus/public transport		

	WIFE	HUSBAND
Disability insurance		
Life Insurance		
Medical if not payroll deducted		
Accident/personal umbrella/long term care insurance		
Memberships/Clubs		
Newspapers/Books/Magazines		
Pet Expenses		
Vacations		
Entertainment		
Hobbies		
Donations/Worship		
Gifts		
Cosmetics/toiletry		
Barber/beautician		
Personal Allowances and Incidentals		
Child Care		
Babysitting		
Allowances		
Summer/day camp		
Lessons/activities		
School Needs		
Diaper service		
Toys/books/etc.		
Prior child/spousal support		
Employment costs		
Income tax deposits		
Debt payments		
TOTAL	0	0