

ESTIMATED MONTHLY EXPENSES

Rent or House Payments _____

Utilities _____

Phone _____

Car payments _____

Car operation _____

Food _____

Clothes _____

Household _____

Payments on Charge Accts, etc. _____

Insurance:

 Life _____

 Hospitalization _____

 Health & Accident _____

Medical and Dental _____

Taxes _____

Contributions & Dues _____

Incidentals _____

Savings _____

Credit Union / Other _____

TOTAL MONTHLY EXPENSES \$ _____

NET MONTHLY INCOME \$ _____

Husband's Signature _____ Date _____

Wife's Signature _____ Date _____

