

MONTHLY BUDGET

Name	Date
Address:	Telephone Number

	INITIAL	REVISED
HOUSING EXPENSES		
First Mortgage PI / PIT		
Second Mortgage		
Property Taxes		
House Insurance		
Rent / Condo Fees.....		
Telephone		
Hydro		
Water / Sewer		
TV Cable / Rental		
Cell Phone		
Pager		
Internet.....		
SUB TOTAL		

	INITIAL	REVISED
LIVING EXPENSES		
Food.....		
Gas		
Clothing		
Alimony & Support.....		
Auto Repair		
Insurance - Auto		
Life		
Home		
Medical / Doctor.....		
Prescription Drugs		
Dental.....		
Laundry / Dry Cleaning		
Pets		
SUB TOTAL		

	INITIAL	REVISED
WORK EXPENSES		
Transit - Applicant		
Transit - Spouse.....		
APP Lunches / Breaks.....		
SP Lunches / Breaks		
Daycare		
Special Clothing.....		
.....		
SUB TOTAL		

	INITIAL	REVISED
PERSONAL EXPENSES		
Tobacco		
Alcohol / Beverages.....		
Recreation / Ent.....		
Babysitter		
Personal Grooming		
Barber / Hairdresser		
Magazines / Newspapers		
Gifts		
School Expenses		
Donations.....		
Allowances.....		
Savings		
SUB TOTAL		

TOTAL EXPENSES		
DEBT PAYMENTS		
DEBT PAYMENTS		
TOTAL		

SUMMARY OF FUNDS AVAILABLE

NET INCOME FROM ALL SOURCES		
LESS TOTAL EXPENSES		
FUNDS AVAILABLE		

Please complete the initial columns and Fax to 604-588-9007: