

MONTHLY SPENDING PLAN

* COMPLETE AS MUCH AS POSSIBLE. ESTIMATE IF EXACT FIGURES ARE UNKNOWN. *

<i>CURRENT MONTHLY EXPENSES</i>	<i>OFFICE USE</i>
FIXED MONTHLY EXPENSES	
MONTHLY SAVINGS.....	\$ _____
RENT/ MORTGAGE (1 ST AND 2 ND).....	\$ _____
LOT RENT / HOMEOWNER FEES.....	\$ _____
HEATING COSTS (GAS, ELEC., OTHER).....	\$ _____
ELECTRICITY.....	\$ _____
WATER / SEWAGE/ GARBAGE.....	\$ _____
TELEPHONE / CELL PHONE / PAGER.....	\$ _____
INSURANCE (NOT PAYROLL DEDUCTED): \$ _____ RENTERS \$ _____ AUTO \$ _____	
HEALTH \$ _____ LIFE \$ _____ DISABILITY \$ _____	\$ _____
CHILD CARE: DAY CARE \$ _____ CHILD SUPPORT \$ _____	\$ _____
ARE ANY OF THE ABOVE PAST DUE? YES/NO _____	
SUB TOTAL	\$ _____
VARIABLE MONTHLY EXPENSES	
GROCERIES.....	\$ _____
FOOD AWAY (SCHOOL/WORK LUNCHES, FAST FOOD/DINING OUT).....	\$ _____
HOUSEHOLD SUPPLIES (CLEANING/PAPER PRODUCTS).....	\$ _____
TRANSPORTATION (GAS, OIL, BUS, BIKING).....	\$ _____
MEDICAL & PRESCRIPTIONS (NOT COVERED BY INSURANCE).....	\$ _____
EDUCATION (TUITION, SCHOOL COSTS, LESSONS).....	\$ _____
LAUNDRY / DRY CLEANING / DIAPERS.....	\$ _____
NEWSPAPERS / MAGAZINES / CABLE TV / INTERNET/ STORAGE UNIT.....	\$ _____
ENTERTAINMENT (CIGARETTES, ALCOHOL, LOTTERY, MOVIES, HOBBIES, SPORTS, PETS).....	\$ _____
PERSONAL (COSMETICS, HAIRCUTS, POSTAGE, HEALTH CLUB, DUES).....	\$ _____
DONATIONS / ALLOWANCES / BANK FEES.....	\$ _____
SUB TOTAL	\$ _____
FUTURE ANNUAL EXPENSES	
FIXED EXPENSES	
ANNUAL CAR EXPENSES (PLATES, REGISTRATION).....	\$ _____
ANNUAL HOME EXPENSES (PROPERTY TAX, HOMEOWNERS/RENTERS INS).....	\$ _____
ARE ANY OF THESE PAST DUE? YES/NO _____	
VARIABLE EXPENSES	
CAR REPAIRS (OIL CHANGES, TIRES, ETC).....	\$ _____
HOUSEHOLD (APPLIANCES, FURNITURE, REPAIRS, LAWN & GARDEN).....	\$ _____
CLOTHING (COATS, SHOES, UNDERWEAR, OUTERWEAR).....	\$ _____
GIFTS (BIRTHDAY, CHRISTMAS, ANNIVERSARY, OTHER).....	\$ _____
VACATIONS (INCLUDING ROAD TRIPS, AND FAMILY EVENTS LIKE WEDDINGS, ETC.).....	\$ _____
TOTAL - FUTURE ESTIMATED ANNUAL EXPENSES	\$ _____
DIVIDE BY 12 FOR THE ESTIMATED MONTHLY EXPENSE	\$ _____
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GRAND TOTAL OF MONTHLY EXPENSES.....	\$ _____
TOTAL MONTHLY TAKE HOME PAY FROM OTHER SIDE.....	\$ _____
SUBTRACT EXPENSES FROM INCOME, ENTER DIFFERENCE.....	\$ _____

**CONSUMER CREDIT COUNSELING SERVICE
OF NORTHERN COLORADO & SOUTHEAST WYOMING**
LOCAL (970) 229-0695 OUTSIDE OF DIRECT DIAL AREA (800) 424-CCCS
Fort Collins - Greeley - Loveland - Longmont - Cheyenne - Sterling

DATE ____/____/____

LAST NAME (PLEASE PRINT)	FIRST NAME	MIDDLE INITIAL	BIRTH DATE	PARTNER'S LAST NAME	PARTNER'S FIRST NAME	MIDDLE INITIAL	BIRTH DATE
CURRENT MAILING ADDRESS:					HOME/LANDLINE (NOT CELL) PHONE #:		
CITY:				STATE:		ZIP:	
EMAIL ADDRESS:					PARTNER'S EMAIL ADDRESS:		
WORK PHONE:				PARTNER'S WORK PHONE:			
(OPTIONAL) PLEASE CIRCLE YOUR ETHNICITY: CAUCASIAN BLACK ASIAN HISPANIC MIXED OTHER							
HAVE YOU EVER DECLARED BANKRUPTCY?			YES	NO	WHEN?		NUMBER OF CHILDREN LIVING AT HOME:
DO YOU HAVE HEALTH INSURANCE?			MONTHLY GROSS PAY: \$		MONTHLY TAKE HOME PAY: \$		
DOES YOUR PARTNER HAVE HEALTH INSURANCE?			PARTNER'S MONTHLY GROSS PAY: \$		PARTNER'S MONTHLY TAKE HOME PAY: \$		
CIRCLE OTHER MONTHLY INCOME SUCH AS: \$ RECEIVED FROM SOCIAL SECURITY, DISABILITY COMPENSATION, CHILD SUPPORT. RENTAL INCOME. PART-TIME WORK						\$	
CIRCLE YOUR PAYROLL DEDUCTIONS. BRING PAYSTUB TO APPOINTMENT. SAVINGS, GARNISHMENT, LOAN PAYMENT, HEALTH INSURANCE, LIFE INSURANCE, DISABILITY, OTHER				MONTHLY TAKE HOME PAY			\$

HOUSING:

IF RENTING:

▪ HOW FAR BEHIND ARE YOU? _____

IF BUYING A HOME OR MOBILE HOME:

FOR APPROXIMATELY HOW MUCH COULD YOU SELL YOUR HOME TODAY? _____

FIRST MORTGAGE:

- MORTGAGE BALANCE \$ _____
- INTEREST RATE _____ %
- MONTHLY PAYMENT _____
- HOW FAR BEHIND ARE YOU? _____

SECOND MORTGAGE:

- MORTGAGE BALANCE \$ _____
- INTEREST RATE _____ %
- MONTHLY PAYMENT _____
- HOW FAR BEHIND ARE YOU? _____

LIST YOUR ASSETS AND APPROXIMATE VALUE:

VEHICLES: **CAR, MOTORCYCLE, BOATS, RV'S, ETC.**
GIVE YEAR AND MAKE

1. _____
2. _____
3. _____

REMAINING LOAN BALANCE:

- | | | |
|----------|-------|----------|
| \$ _____ | VALUE | \$ _____ |
| \$ _____ | VALUE | \$ _____ |
| \$ _____ | VALUE | \$ _____ |

SAVINGS: **SAVINGS ACCOUNTS**

ESTIMATED TOTAL \$ _____

INVESTMENTS: **STOCKS/MUTUAL FUNDS/RETIREMENT FUNDS/PROFIT SHARING**

ESTIMATED TOTAL \$ _____

CASH VALUE OF LIFE INSURANCE, RENTAL PROPERTY, AND OTHER ASSETS

ESTIMATED TOTAL \$ _____