

MONTHLY INCOME & EXPENSE FORM

Name: _____ **Spouse/Mate Name:** _____

INCOME PER MONTH

Combined Monthly Income _____

Secondary Income (alimony / Child support) _____

TOTAL INCOME PER MONTH (GROSS) _____ V

LESS:

1. Tithe _____

2. Taxes _____

3. Savings _____

TOTAL "LESS" (Tithe, Taxes and Savings) _____ VV

TOTAL INCOME PER MONTH \$ _____ V

Net spendable is how much you have to live on!

EXPENSES

4. Housing 7. Insurance

Mortgage _____ Life _____

Insurance _____ Medical _____

Taxes _____ Other _____

Electricity/Gas _____ TOTAL INSURANCE _____

Water/Sewer _____

Sanitation _____ 8. Debts

Telephone _____ Credit Card _____

Maintenance _____ Loans & Notes _____

Other _____ Other _____

TOTAL HOUSING _____ TOTAL DEBTS _____



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5. Food (Including toiletries,
laundry, cleaning, paper, etc.)

9. Entertainment/Recreation

TOTAL FOOD _____ Eating Out _____

Trips _____

6. Automobile(s) Babysitters _____

Payments _____ Activities _____

Gas/Oil _____ Vacation _____

Insurance _____ Other _____

License _____ TOTAL ENTERTAIN/RECREATION

Taxes _____

Maint./Repairs _____

Replacement _____ 10. Clothing

TOTAL AUTOMOBILE _____ TOTAL CLOTHING _____

11. Medical Expenses 13. Miscellaneous

Doctor _____ Cosmetics _____

Dentist _____ Beauty/Barber _____

Medications _____ Allowances/Lunches _____

Other _____ Subscriptions _____

TOTAL MEDICAL _____

Trips/Date Nights _____

EXPENSES

Special Ed. _____

Cash _____

12. Gifts Other _____

Christmas _____ TOTAL MISC. _____

Other _____



MONTHLY INCOME & EXPENSE FORM

(B'days, Anniv, Weddings, Showers)

TOTAL GIFTS EXPENSES

Total Net Spendable Income per Month? _____

Who will be the Financial Lead? _____

Are you in agreement with this appointment? _____

If not, who has the stronger financial Acumen? _____

If it is not you, did you object? If yes, then why would you object? (Pride, insecurity, perceived gender roles?) _____

Name

Name

Date

Witness #2 / P4M Instructor

Witness #1 / P4M Instructor

