

# MONTHLY INCOME

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We recommend that you use monthly income information. If some of your income sources pay you more or less often than once a month, first estimate your annual income from those sources, then divide by 12 to find the monthly amount. (Some types of income can fit into more than one category; be sure that you count each source of income only once.)

|  | <b>HIS</b>      | <b>HERS</b>     |
|--|-----------------|-----------------|
| Salary / Wages . . . . .                                 | \$ _____        | \$ _____        |
| Bonuses / Incentives . . . . .                           | _____           | _____           |
| Commissions . . . . .                                    | _____           | _____           |
| Interest / Dividends . . . . .                           | _____           | _____           |
| Loan Repayments . . . . .                                | _____           | _____           |
| Partnership Draw . . . . .                               | _____           | _____           |
| Rents . . . . .  | _____           | _____           |
| Reverse Mortgage . . . . .                               | _____           | _____           |
| Royalties / Licensing Fees . . . . .                     | _____           | _____           |
| Self-Employment Draw . . . . .                           | _____           | _____           |
| Social Security Survivors' Benefits . . . . .            | _____           | _____           |
| Unemployment Compensation . . . . .                      | _____           | _____           |
| Alimony . . . . .  | _____           | _____           |
| Child Support . . . . .                                  | _____           | _____           |
| Court Settlement . . . . .                               | _____           | _____           |
| Disability / Long-Term Care Insurance Benefits . . . . . | _____           | _____           |
| Social Security Disability Benefits . . . . .            | _____           | _____           |
| Union Disability Benefits . . . . .                      | _____           | _____           |
| VA Disability Benefits . . . . .                         | _____           | _____           |
| Workers' Compensation . . . . .                          | _____           | _____           |
| Annuities . . . . .                                      | _____           | _____           |
| Deferred Compensation . . . . .                          | _____           | _____           |
| Pension / Profit-Sharing Plans . . . . .                 | _____           | _____           |
| 401(k) or 403(b) Plans . . . . .                         | _____           | _____           |
| IRAs . . . . .   | _____           | _____           |
| Keogh / SEP Plans . . . . .                              | _____           | _____           |
| Military Pension . . . . .                               | _____           | _____           |
| Social Security Retirement . . . . .                     | _____           | _____           |
| Union Pension . . . . .                                  | _____           | _____           |
| Other _____ . . . . .                                    | _____           | _____           |
| Total Income from all sources for each person . . . . .  | \$ _____        | \$ _____        |
| <b>TOTAL FAMILY INCOME . . . . .</b>                     | <b>\$ _____</b> | <b>\$ _____</b> |

# MONTHLY EXPENSES - BUDGETED VS ACTUAL

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|  | <b>Budgeted</b> | <b>Actual</b>   |
|--|-----------------|-----------------|
| Mortgage / Rent / Condo Fees . . . . .                             | \$ _____        | \$ _____        |
| Auto: Gas / Maintenance / Repairs . . . . .                        | _____           | _____           |
| Child Care . . . . .   | _____           | _____           |
| Clothing . . . . .   | _____           | _____           |
| Commuting (other than Auto) . . . . .                              | _____           | _____           |
| Dining / Entertainment / Hobbies / Recreation / Vacations          | _____           | _____           |
| Education (other than Student Loans) . . . . .                     | _____           | _____           |
| Gifts / Donations . . . . .  | _____           | _____           |
| Groceries: Food / Household Supplies . . . . .                     | _____           | _____           |
| Household Maintenance / Repairs . . . . .                          | _____           | _____           |
| Insurance Premiums: Auto . . . . .                                 | _____           | _____           |
| Disability . . . . .   | _____           | _____           |
| Home / Property . . . . .  | _____           | _____           |
| Life / Accident . . . . .  | _____           | _____           |
| Medical / Dental / Medicare . . . . .                              | _____           | _____           |
| Other . . . . .  | _____           | _____           |
| Loan Payments: Auto . . . . .                                      | _____           | _____           |
| Credit Cards / Charge Accounts . . . . .                           | _____           | _____           |
| Home Equity . . . . .  | _____           | _____           |
| Student Loans . . . . .  | _____           | _____           |
| Magazines / Newspapers / Books . . . . .                           | _____           | _____           |
| Medical / Dental Expenses not paid by insurance . . . . .          | _____           | _____           |
| Personal Care (Hair / Cosmetics / etc.) . . . . .                  | _____           | _____           |
| Pet Food / Care . . . . .  | _____           | _____           |
| Retirement Plan Contributions (IRA / 401k / 403b / etc.) . . . . . | _____           | _____           |
| Savings / Investments . . . . .                                    | _____           | _____           |
| Taxes: Income - Federal / State / Local . . . . .                  | _____           | _____           |
| Property - Real Estate / Personal . . . . .                        | _____           | _____           |
| Utilities: Cable / Satellite TV . . . . .                          | _____           | _____           |
| Electric . . . . .   | _____           | _____           |
| Garbage . . . . .  | _____           | _____           |
| Heating - Gas / Oil / Other . . . . .                              | _____           | _____           |
| Telephone . . . . .  | _____           | _____           |
| Water . . . . .  | _____           | _____           |
| Other Expenses . . . . .   | _____           | _____           |
| <b>TOTAL EXPENSES . . . . .</b>                                    | <b>\$ _____</b> | <b>\$ _____</b> |