

Participant's Name: _____

Month: _____

<i>Fixed Expenses</i>	Actual	Delinquency	Difference? Why?
Rent/ Mortgage			
Contributions to _____			
Child Care			
Debt Repayment			
Debt Repayment			
Property Taxes			
Home Owner's Insurance			
Car Payment			
Auto Insurance			
Other			
Total Fixed Expenses			
<i>Flexible Expenses</i>	Actual	Delinquency	Difference? Why?
Food at home			
Personal Care			
Telephone			
Clothing			
Gas/Electric/Water/Sewer			
Medicine/Medical			
Gasoline/Bus fare/Parking			
Laundry/Dry Cleaning			
Household Supplies/Repairs			
Food away from home			
Internet/Cable			
Savings			
Other			
Total Flexible Expenses			
<i>Occasional Expenses</i>	Actual		Different? Why?
Birthdays			
Magazines			
Car Maintenance			
Insurance (Life/Health)			
Holidays			
School Supplies			
Vacation			
Gifts			
Other			
Total Occasional Expenses			
Total ALL Expenses			

Signature _____