





NECESSARY MONTHLY EXPENSES (For all persons residing in household)			HOUSEHOLD INCOME	
<b>Housing</b>			Gross Paycheck.....	
<b>Utilities:</b>			<b>Less:</b> Fed. Taxes	
Electricity			State Taxes	
Gas			FICA	
Water			Credit Union	
Phone			Insurance	
Garbage			Union Dues	
Food/Household Supplies			Savings/Etc.	
Work/School Lunch			Other	
Medical/Dental Supplies			<b>Total Deductions</b>	
Insurance (not deducted from pay)			<b>Net Paycheck</b>	
Clothing				
Child Care/Sitter			<b>OTHER MONTHLY INCOME</b>	
Support paid for spouse and/or minor child(ren) of prior marriage			Pension/ Retirement	
<b>Transportation:</b>			Social Security/SSI	
Car Repair/Maint.			Dividends/Interest	
Car Insurance			GA/TANF	
Gas/Oil			Spousal Maint./Support	
Bus/Taxi Fares			<b>Total Other Income</b>	
Other:				
			<b>Total Mo. Income--all sources</b>	
<b>Total Monthly Expenses</b>			<b>Total Mo. Income less Total Mo. Expenses/Payments</b>	
<b>MONTHLY PAYMENTS</b>				
Creditor	Balance	Payment		
<b>Total Monthly Payments</b>				
<b>Total Mo. Expenses/Payments</b>				