

<b>HOME</b>	<b>MONTHLY DEBTS</b>
Rent or Mortgage <input type="text"/>	Credit Cards <input type="text"/>
Second Mortgage <input type="text"/>	Student Loans <input type="text"/>
Property Tax <input type="text"/>	Other Loans <input type="text"/>
HOA Dues <input type="text"/>	Total <input type="text"/>
Total <input type="text"/>	
<b>Utilities</b>	<b>OTHER EXPENSES</b>
Electricity <input type="text"/>	Misc. <input type="text"/>
Household Fuel <input type="text"/>	Laundry <input type="text"/>
Water/Sewer/Garbage <input type="text"/>	Health/Hair/Personal Care <input type="text"/>
Phone-Basic/Long Distance <input type="text"/>	Pet/Veterinary <input type="text"/>
Cell Phone <input type="text"/>	Landscaping <input type="text"/>
Cable TV <input type="text"/>	Child Support <input type="text"/>
Total <input type="text"/>	Total <input type="text"/>
<b>HOUSEHOLD</b>	<b>EDUCATION</b>
Groceries <input type="text"/>	Tuition <input type="text"/>
Household Supplies <input type="text"/>	Books/Paper/Pens <input type="text"/>
Repairs/Maintenance <input type="text"/>	Uniforms/Lessons/Sports <input type="text"/>
Clothing/Seasonal <input type="text"/>	Total <input type="text"/>
School Lunch <input type="text"/>	
Child Care/Sitter <input type="text"/>	
Diapers/Formula <input type="text"/>	
Total <input type="text"/>	
<b>TRANSPORTATION</b>	<b>ENTERTAINMENT</b>
Car Payment/Lease <input type="text"/>	Vacations <input type="text"/>
Fuel <input type="text"/>	Dining Out <input type="text"/>
Repair Allowance <input type="text"/>	Crafts/Computer/Sports <input type="text"/>
License/Registration <input type="text"/>	General <input type="text"/>
Bus Fare/Tolls <input type="text"/>	Total <input type="text"/>
Total <input type="text"/>	
<b>INSURANCE</b>	<b>GIFTS</b>
Auto <input type="text"/>	Children's Allowance <input type="text"/>
Medical/Dental <input type="text"/>	Contributions/Church/Charities <input type="text"/>
Misc. Medical <input type="text"/>	Holidays/Birthdays/Weddings <input type="text"/>
Long-term Health Care <input type="text"/>	Total <input type="text"/>
Life/Disability <input type="text"/>	
Home/Renters <input type="text"/>	
Umbrella <input type="text"/>	
Co-Pays <input type="text"/>	
Total <input type="text"/>	
	<b>GRAND TOTAL</b>
	Total Monthly Expenses <input type="text"/>
	Monthly Income <input type="text"/>
	Net Available Income <input type="text"/>