

Spending Analysis



Name _____

Date _____

Outstanding Debts, Installments, Housing, and Other							
Name and Address of Creditor	Purpose	Due Date	Monthly Payment (\$)	APR (%)	Balance Owed	Pay Off Date	Months Behind

Total Monthly Obligations \$ _____ Percentage of Income Obligated _____%

Total Monthly Spendable Income \$ _____

Average Monthly Expenditures

Adjusted to

\$ _____	Child Care	\$ _____
\$ _____	Church	\$ _____
\$ _____	Clothing	\$ _____
\$ _____	Doctor, Drugs, Dentist	\$ _____
\$ _____	Education	\$ _____
\$ _____	Food	\$ _____
\$ _____	Gifts	\$ _____
\$ _____	Housing	\$ _____
\$ _____	Insurance	\$ _____
\$ _____	Car	\$ _____
\$ _____	Health	\$ _____
\$ _____	Home	\$ _____
\$ _____	Life	\$ _____
\$ _____	Personal Allowances	\$ _____
\$ _____	Recreation	\$ _____
\$ _____	Savings	\$ _____
\$ _____	Transportation	\$ _____
\$ _____	Utilities	\$ _____
\$ _____	Cable	\$ _____
\$ _____	Electric	\$ _____
\$ _____	Gas	\$ _____
\$ _____	Phone	\$ _____
\$ _____	Water	\$ _____
\$ _____	Other	\$ _____
\$ _____	Total	\$ _____

Gross Pay _____
Payroll Deductions
SS _____
Federal Income Tax _____
State Income Tax _____
Bond _____
Retirement _____
Credit Union _____

Total Deductions \$ _____
Net Pay \$ _____

Spendable Income	\$ _____
Debt Load	\$ _____
Monthly Expenses	\$ _____
Balance	\$ _____

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