

Living Expenses Worksheet

HOUSEHOLD EXPENSES	AMOUNT	FREQUENCY*
Property Taxes		
PMI		
Association Fees		
Rent		
Cable		
Phone/Internet		
Cell Phone		
Electric		
Trash		
Water		
Sewer		
Maintenance/Repairs		
Cleaning		
Furniture		
Supplies		
Gas/Oil		
TOTAL HOUSEHOLD		

FOOD AND CLOTHING	AMOUNT	FREQUENCY*
Groceries		
Lunches		
Dining Out		
Clothing/Shoes		
Laundry/Dry Cleaning		
TOTAL FOOD AND CLOTHING		

TRANSPORTATION	AMOUNT	FREQUENCY*
Gas		
Lease Payment		
Parking		
Tolls		
Public Transit		
Registration		
License Fee		
Maintenance/Repairs		
Property Taxes		
TOTAL TRANSPORTATION		

INSURANCE	AMOUNT	FREQUENCY*
Health Insurance		
Dental Insurance		
Umbrella Insurance		
Automobile Insurance		
Homeowner's Insurance		
TOTAL INSURANCE		

OTHER BASIC EXPENSES	AMOUNT	FREQUENCY*
Medical Expenses		
Dental Expenses		
Vision Expenses		
Medication/Vitamins		
Alimony/Child Support		
Child Care		
Education		
Hair Care/Toiletries		
Health Club/Gym		
Organization Dues		
Pet Care		
Other:		
Other:		
Other:		
TOTAL OTHER BASIC		

DISCRETIONARY EXPENSES	AMOUNT	FREQUENCY*
Gifts		
Charitable Gifts		
Entertainment		
Hobby/Craft Expenses		
Electronics		
Vacations		
Books/Magazines		
Tobacco Products		
Other		
Other:		
Other:		
TOTAL DISCRETIONARY		
TOTAL LIVING EXPENSES		