

# Taking Charge of Family Finances



## Family Living Spending Forecast for \_\_\_\_\_ (year)

(Personalize as necessary)

Use this form to estimate future expenses or to track past expenses. (See other side for category information.)

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	12 Mo. Total	Monthly Average
<b>PROJECTED INCOME</b>														
Take-home earnings/wages	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Allocation from farm	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Interest/Dividends	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>TOTAL INCOME</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>PROJECTED EXPENSES</b>														
Housing	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Utilities	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Food/Personal	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Support/ Allowance	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Dependent Care	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Car Expense	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Insurance	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Medical	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Clothing	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Education	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Donations/ Gifts	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Pet Care	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Entertainment	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Self-Employed	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Miscellaneous	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Savings (goals)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Savings (emergencies)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Debts	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>TOTAL EXPENSES</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

## Examples of expenses to include in each category.

### EXPENSES

#### HOUSING

Rent/mortgage  
Second mortgage  
Electricity  
Heating/fuel oil  
Water, garbage or lot rent  
Telephone/cell phone  
Property tax  
Home maintenance/repair  
Computer service  
Other \_\_\_\_\_

#### FOOD/PERSONAL

Groceries  
Milk delivery bill  
Student hot lunches  
Toiletries/diapers, etc.  
Cigarettes/tobacco  
Barber/beauty shop  
Other \_\_\_\_\_

#### SUPPORT/ALLOWANCE/DEPENDENT CARE

Child support/alimony  
Child care/elder care  
Children's allowance  
Other \_\_\_\_\_

#### CAR EXPENSE

Car payment/lease  
Gas and oil  
Repairs, tires, etc.  
Licenses  
Parking  
Other \_\_\_\_\_

#### INSURANCE

Health  
Car  
Homeowners/rental  
Disability  
Other \_\_\_\_\_

#### MEDICAL

Doctor (expenses not covered by insurance)  
Dentist (expenses not covered by insurance)  
Eye care (expenses not covered by insurance)  
Medications (expenses not covered by insurance)  
Other \_\_\_\_\_

#### CLOTHING

Family clothing  
Cleaners  
Laundry (coin operated)  
Other \_\_\_\_\_

#### EDUCATION

Student loans  
Tuition (school/college)  
School activity, sports pictures  
Lessons  
Subscriptions (book, magazines, paper)  
Other \_\_\_\_\_

#### DONATIONS/GIFTS

Church donations  
Miscellaneous donations  
Christmas gifts  
Birthday gifts  
Miscellaneous gifts  
Other \_\_\_\_\_

#### PET CARE

Pet care — food  
Pet care — medical  
Other \_\_\_\_\_

#### ENTERTAINMENT

Lunches/snacks at work  
Other meals out (dinner, etc.)  
Beverages (liquor, wine, etc.)  
Pull tabs, blackjack, bingo, etc.  
Movies, plays, VCR, DVD  
Sports (bowling, fishing, etc.)  
Baby-sitting  
Clubs — sports (annual fees)  
Vacations  
Cable TV  
Hobbies and crafts  
Other \_\_\_\_\_

#### SELF-EMPLOYED

Social Security  
Federal, state and other tax  
Business overhead  
Union dues  
Other \_\_\_\_\_

#### MISCELLANEOUS

Uniforms, footwear, tools  
Rental agreements (TV, dryer, etc.)  
Bank service charge  
Ready reserve  
Tax preparation  
Computer costs  
Other \_\_\_\_\_

#### GOALS/SAVINGS

Short-term  
Medium-term  
Long-term

#### EMERGENCY SAVINGS

Other \_\_\_\_\_

#### DEBT REPAYMENT

Creditor Name