



Monthly Living Expenses Worksheet

Client: _____ Date: _____

Housing

- * Mortgage _____
- Rent _____
- Homeowner's Insurance _____
- * Condo Fees/HOA _____
- Mello-Roos _____
- * RE/Property Taxes _____
- * Bottled Water _____
- * Cable/satellite _____
- Furnishings _____
- * Home Alarm _____
- Home Repairs _____
- Housekeeping _____
- Improvements _____
- Other _____
- Pest Control _____
- Pet Care _____
- Pool Maintenance _____
- Second home _____
- * Utilities - Electricity _____
- * Utilities - Gas _____
- * Utilities - Internet Svc. _____
- * Utilities - Telephone _____
- * Utilities - Water/Sewer _____
- Yard Maintenance _____
- * Property Tax - Aircraft _____
- * Property Tax - Boat _____
- * Property Tax - Misc _____
- Total** _____

Food

- * Groceries _____
- Liquor _____
- * Dining Out _____
- Total** _____

Support / Contributions

- * Alimony _____
- * Charity _____
- * Child Support _____
- * Church _____
- Credit Card debt _____
- * Doctor/Dentist _____
- * Medicines _____
- Other installment _____
- Political _____
- Total** _____

Auto / Transportation

- * Auto - Fuel _____
- * Auto Club _____
- * Auto Insurance _____
- * DMV Fees - Reg/Taxes _____
- * Lease Payments _____
- * Loan Payment _____
- * Repair/Tune ups _____
- * Wash/Parking _____
- Total** _____

Children

- Allowance _____
- * Babysitter _____
- * Camp _____
- * Child Care _____
- Clothing _____
- * Education _____
- * Health Insurance _____
- Lessons/Music _____
- Sports _____
- Total** _____

Client: _____

Personal	
ATM	_____
* Accountant Fees	_____
* Attorney Fees	_____
Barber/Beauty	_____
* Cell Phone	_____
* Cleaners/Laundry	_____
Clothing	_____
* Education	_____
* Financial Advisor	_____
* Gifts	_____
Personal Care	_____
Pocket money	_____
* Professional Dues	_____
* Safety Deposit Box	_____
Student Loan	_____
Toiletries	_____
Total	\$ _____ -

Entertainment	
* Clubs	_____
* Country Club	_____
* Entertainment	_____
Hobbies	_____
Lessons	_____
* Subscriptions	_____
Recreation	_____
Self Improvement	_____
Sporting Events	_____
Theaters	_____
* Vacation	_____
VCR/Music	_____
Total	_____

Savings/Insurance	
Regular Savings	_____
Cash Reserve	_____
* 401(k)	_____
* Traditional IRA	_____
Roth IRA	_____
* SEP / SIMPLE	_____
* TSA / TDA	_____
* Defined Benefit Plan	_____
Other savings	_____
Client A life insurance	_____
Client B life insurance	_____
Other life insurance	_____
Client A dis. insurance	_____
Client B dis. insurance	_____
Client A LTC insurance	_____
Client B LTC insurance	_____
* Client A health insurance	_____
* Client B health insurance	_____
Client A vision insurance	_____
Insurance - Liability/Umbrella	_____
* Client B vision insurance	_____
* dental insurance	_____
other insurance	_____
Total	_____

Monthly totals	_____
Annual totals	_____

Auto Loan Balance:	_____
Auto Loan Balance:	_____
Student Loan Balance:	_____
Student Loan Balance:	_____
Credit Card Balances:	_____
Credit Card Balances:	_____