## My Monthly Spending Plan

| Month: |  |
| :--- | :--- |
| My Income |  |
| Earned Income (A job or any work that I get paid for) | 0 |
| Unearned Income (Government assistance or money from my family) |  |
| Other (Tips) |  |
| Total Income |  |
| My Expenses That May Not Change Each Month |  |
| Rent |  |
| Telephone | 0 |
| Cable and Internet |  |
| Doctor and Therapy Visits |  |
| Medications |  |
| Other (Car payment, insurance, loan payments) |  |
| Total Expenses That May Not Change |  |
| My Expenses That May Change Each Month |  |
| Groceries and Household Supplies |  |
| Electricity |  |
| Utilities (Water) |  |
| Car, Taxi, Public Transportation | 0 |
| Clothing |  |
| Entertainment and Going Out |  |
| Other (Credit card bill or personal expenses like a haircut) |  |
| Total Expenses That May Change | 0 |
| My Total Income |  |
| My Total Expenses |  |
| This is how much money I have left |  |
| Money I will put into my savings account | 0 |

