

K3C CREDIT COUNSELLING Monthly Expenses

Counsellor: _____ Client: _____ Date: _____

	MONTHLY EXPENSE			MONTHLY EXPENSE	
HOUSING	Initial	Revised	OTHER EXPENSES	Initial	Revised
1st Mortgage			Tobacco		
2nd Mortgage			Alcohol/Beverage		
Property Taxes			Internet		
House Insurance			Cell Phone/Pager		
Condo Fees			Hair/Toiletries		
Rent			Entertainment		
Phone/Long.Distance			Meals Outside		
Hydro/PUC			Babysitter		
Water/Sewer/Softener			Reading/Music		
Heat			Memberships		
Union Energy			Pet Expenses		
Cable/Satellite			Church/Charity		
Rent-to-Own			Kid=s Allowance		
WORK			School Expenses		
Lunch/Brks (Client# 1)			Education		
Lunch/Brks (Client# 2)			SUB-TOTAL #2		
Day Care			ANNUAL PERIODIC EXPENSES		
CAR/TRANSIT			Repair/License	Clothing	
Gas (Client# 1)			Gifts	Vacation/Travel	
Gas (Client# 2)			Emerg./Savings	Hobbies/Sports	
Insurance			SUB-TOTAL #3) 12 =	
Vehicle Payment			TOTAL EXPENSES		
Parking			SUMMARY OF AVAILABLE FUNDS		
LIVING			Net Income		
Food/Supplies			Less Expenses		
Bank Fees			AVAILABLE FUNDS		
Support Payment			+ GST cheque		
Laundry/Dry Cleaning			NOTES		
Life Insurance					
Medical/Dental					
Prescriptions					
SUB-TOTAL #1					