

ESTIMATED MONTHLY LIVING EXPENSES

Name(s): _____

Date: _____

Living Expenses Form (Page 1 of 3)	\$ Amount Paid Monthly	Mo. x 12 = Subtotal for Yr.	Amount Paid Other Than Monthly	Total Annual Amount	Total Annual Amt. Div. by 12 = Avg. \$ Mo. Amt.
A. Housing					
Mortgage or rent payment					
Insurance for home					
Property taxes (not in house pmt.)					
Electricity					
Heating					
Water					
Garbage collection					
Telephone					
Cleaning services					
Repairs/maintenance					
Improvements & furnishings					
Supplies for home					
Other					
TOTAL HOUSING EXPENSES:	\$	\$	\$	\$	\$
B. Food:	\$	\$	\$	\$	\$
C. Clothing					
Husband					
Wife					
Children					
TOTAL CLOTHING:	\$	\$	\$	\$	\$
D. Transportation					
Auto insurance					
Gas & oil & filters					
Repairs/maintenance					
Parking					
Bus/train/subway					
Other					
TOTAL TRANSPORTATION:	\$	\$	\$	\$	\$

Living Expenses Form (Pg. 2 of 3)	\$ Amount Paid Monthly	Mo. x 12 = Subtotal for Yr.	Amount Paid Other Than Monthly	Total Annual Amount	Total Annual Amt. Div. by 12 = Avg. \$ Mo. Amt.
E. Entertainment/Recreation					
Dining out					
Childcare					
Newspapers/cable/magazines					
Vacation					
Club dues/fees					
Classes/courses/activities					
Other					
TOTAL ENTERTAINMENT:	\$	\$	\$	\$	\$
F. Medical Expenses					
Medical/health insurance					
Doctors					
Dentists					
Medicine					
Other					
TOTAL MEDICAL:	\$	\$	\$	\$	\$
G. Insurance					
Life (all family members)					
Disability					
Other					
TOTAL INSURANCE:	\$	\$	\$	\$	\$
H. Children					
School lunches					
Allowances					
School tuition					
Lessons/special fees/dues					
Other					
TOTAL CHILDREN:	\$	\$	\$	\$	\$

Living Expenses Form (Pg. 3 of 3)	\$ Amount Paid Monthly	Mo. x 12 = Subtotal for Yr.	Amount Paid Other Than Monthly	Total Annual Amount	Total Annual Amt. Div. by 12 = Avg. \$ Mo. Amt.
I. Gifts/Occasions:					
Christmas					
Birthdays					
Anniversary					
Holidays other than Christmas					
Other					
TOTAL GIFTS:	\$	\$	\$	\$	\$
J. Miscellaneous					
Toiletries					
Husband (lunches, etc.)					
Wife (lunches, etc.)					
Dry cleaning/laundry					
Pet care (medical/tags/food)					
Beauty/barber					
Other					
Other					
TOTAL MISCELLANEOUS:	\$	\$	\$	\$	\$
TOTAL LIVING EXPENSES	\$	\$	\$	\$	\$

Conclusions or Comments:

NOTE ON USING THIS FORM: This form will help you arrive at an average monthly amount which is crucial for your *Flexible Spending Plan* and cash flow management. Record the monthly amount in the first column and then multiply by 12 months for a yearly subtotal. In the third column, record amounts that do not occur every month. Add columns two and three together to get the total annual amount for column four; then divide column four by 12 to get an average expenditure, for each category, per month! Finally, add the average expense for each category (A-J) to arrive at your estimated monthly total living expenses.

Several expenses do not occur monthly, but must be planned for, such as: auto insurance, most gift categories, and home or auto repairs. It is important that these items be placed in the column labeled "Amount Paid Other Than Monthly." In Chapter 7, you will learn how to reserve for these in a "Freedom Account". Please use pencil and no decimal points. Remember, these are your best estimates for an average month. You will learn to adjust and correct, as you use this form several times.