Where Does Your Money Go?

## Spending-Savings Plan Worksheet

My Goal:
WHAT IS YOUR INCOME?

| Directions: <br> List the amount of income in the column that reflects how often you are paid. Determine the total monthly amount received from each income source. Record that amount in the Total column. Add all amounts in the Total column for your monthly income. | Source of Income | Weekly Amount (x 4) | Every Two Weeks Amount (x 2) | Monthly Amount (x1) | Total |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Wages |  |  |  |  |
|  | Child Support <br> Payment |  |  |  |  |
|  | Social Security |  |  |  |  |
|  | Unemployment Benefits |  |  |  |  |
|  | Food Stamps |  |  |  |  |
|  | Additional Income |  |  |  |  |
|  |  |  | Total Income for the Month |  | \$0.00 |

## WHAT REGULAR EXPENSES DO YOU HAVE EACH MONTH?

| Plan to save a portion <br> of your income each Savin |  How much can you <br> week? | ve each | Total Saved Each Month |  |
| :---: | :---: | :---: | :---: | :---: |
|  |  | Due Date | Amount Due | Amount Paid |
| "Housing" refers to: | Housing |  |  |  |
| Mortgage payment, rent, lease, | Car |  |  |  |
| etc. | Insurance |  |  |  |
|  | Heat/Gas |  |  |  |
| Blank spaces can be used for | Electric |  |  |  |
| additional expenses such as: | Water/Sewage |  |  |  |
| rent-to-own contracts, cell phone, | Phone |  |  |  |
| dditional credit cards, etc | Garbage |  |  |  |
|  | Cable/TV |  |  |  |
| It is strongly encouraged that you | Support payment |  |  |  |
| try to pay off your credit card | Credit card |  |  |  |
|  | Prescriptions |  |  |  |
| the minimum due. | Education:Tuition/Loans |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Total Regular Mont | y Expenses | \$0.00 |  |

## EXPENSES CONTROLLED BY YOU

| The amount spent in each of these categories reflects the choices made at the time of purchase. | Expense Category | Weekly <br> Amount <br> Planned | Monthly <br> Amount <br> Planned | Monthly Amount Spent |
| :---: | :---: | :---: | :---: | :---: |
| Did you buy what you needed or give in to your wants? <br> -Plan ahead for expenses. <br> - Buy what you need. <br> -If you go over your planned amount how will you make up the difference? <br> -Did you make any impulse buys? | Food: groceries, eating out, school lunch |  |  |  |
|  | Transportation |  |  |  |
|  | Clothing |  |  |  |
|  | Personal \& Recreation |  |  |  |
|  | Medical |  |  |  |
|  | Education: Supplies |  |  |  |
|  | Household \& Furnishings |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | Tota <br> on Contro | ount Spent <br> Expenses | \$0.00 |

OCCASIONAL EXPENSES
Some expenses come once or twice a year, but they still need to be planned so money is available for them. These might include birthdays, holidays, back-to-school expenses, license plates, oil changes, car expenses, etc.

Monthly Amount Needed

SPENDING-SAVINGS PLAN SUMMARY

| If the "What's Left" amount is positive, GREAT! Keep making good choices. If "What's Left" is a negative number, then you have three choices: | Total Monthly Income |  |
| :---: | :---: | :---: |
|  | Subtract Total Saved Each Month | - |
|  | Subtotal | \$0.00 |
| 1. Increase income | Subtract Total Monthly Regular Expenses | - |
| 2. Reduce expenses | Subtract Total Monthly Controllable Expenses | \$0.00 |
| 3. Some of both $1 \& 2$ |  | - |
| Subtract amount needed for Occasional Expenses |  | \$0.00 |
|  |  | - |
|  | What's Left | \$0.00 |

