

MANAGE YOUR MONEY



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Horizons Consumer Credit Counseling Service invites you to use this worksheet to evaluate the way you currently spend money, and to set goals to ensure your future financial fitness. If you would like help, our budget and credit counseling services are available to everyone, regardless of age, income level, geographic location, gender, ethnicity, creed, religion, handicapping condition or orientation.

STEP 1 - MONTHLY INCOME

Enter your net (after deductions) monthly income from all sources. For income that is received infrequently, such as commissions, interest, etc., calculate the annual amount and divide by 12.

| SOURCE | AMOUNT | GOALS |
|-----------------------------------|--------|-------|
| YOUR JOB | | |
| SPOUSE'S JOB | | |
| OTHER JOBS | | |
| COMMISSIONS | | |
| INTEREST | | |
| SOCIAL SEC., PENSIONS, DISABILITY | | |
| CHILD SUPPORT, ALIMONY | | |
| OTHER INCOME | | |
| | | |
| TOTAL MONTHLY INCOME | | |

STEP 2 - BASIC MONTHLY EXPENSES

List what you spend on a monthly basis for the following items. Do not include items that are deducted from your paycheck. THESE ITEMS ARE CLASSIFIED AS NEEDS.

| EXPENSE | AMOUNT | GOALS |
|-------------------------------------|--------|-------|
| HOUSING AND UTILITIES | | |
| RENT OR MORTGAGE PAYMENT | | |
| LOT RENT | | |
| ELECTRICITY | | |
| GAS/FUEL OIL/LP/FIREWOOD | | |
| WATER/SEWER/GARBAGE | | |
| BASIC TELEPHONE SERVICE | | |
| FOOD AND HOUSEHOLD | | |
| GROCERIES | | |
| MEALS OUT | | |
| SCHOOL LUNCHES | | |
| HOUSEHOLD SUPPLIES | | |
| PERSONAL(TOILETRIES, HAIRCUTS, ETC. | | |
| TRANSPORTATION | | |
| GAS | | |
| PARKING/TAXI/BUS/CARPOOL | | |
| INSURANCE (if paid monthly) | | |
| AUTO | | |
| HOMEOWNERS/RENTERS | | |
| LIFE | | |
| HEALTH | | |
| OTHER | | |
| MISCELLANEOUS | | |
| DRY CLEANING/LAUNDRY | | |
| CHILD CARE/CHILD SUPPORT | | |
| MEDICATIONS | | |
| | | |
| | | |
| TOTAL BASIC MONTHLY EXPENSES | | |

STEP 3 - MISCELLANEOUS MONTHLY EXPENSES

List the amounts you spend for the following items each month. THESE ARE YOUR WANTS

| EXPENSE | AMOUNT | GOALS |
|--|--------|-------|
| ALLOWANCES | | |
| CHILDREN'S ACTIVITIES (LESSONS, CLUBS, ETC.) | | |
| CHURCH/DONATIONS | | |
| POSTAGE | | |
| MOVIES OUT, VIDEO/DVD RENTAL, ENTERTAINMENT | | |
| CABLE TV/SATELLITE | | |
| CELL PHONE | | |
| INTERNET | | |
| MEMBERSHIPS/CLUBS/SPORTS | | |
| DINING OUT | | |
| TOBACCO/ALCOHOL | | |
| NEWSPAPER/MAGAZINES | | |
| OTHER | | |
| OTHER | | |
| TOTAL MISCELLANEOUS | | |

STEP 4 - PERIODIC EXPENSES

List your expenses that occur on an irregular basis and their frequency. Then divide by the appropriate number (3 for expenses that occur quarterly, 6 for expenses that occur semi-annually, and 12 for expenses that occur annually) to get an amount you should save monthly. Do not list an expense you have listed elsewhere on this form. SOME OF THESE EXPENSES ARE NEEDS AND SOME WANTS. You should identify what expenses fall into each category.

| EXPENSE | Quarterly | Semi-Annual | Annual | Monthly Set-Aside |
|--|-----------|-------------|--------|-------------------|
| FIXED | | | | |
| AUTO INSURANCE | | | | |
| HOMEOWNERS INSURANCE | | | | |
| PROPERTY TAXES | | | | |
| LICENSE PLATES | | | | |
| LIFE INSURANCE | | | | |
| DUES | | | | |
| HEATING FUEL | | | | |
| OTHER | | | | |
| VARIABLE | | | | |
| AUTO REPAIRS/UPKEEP | | | | |
| HOME REPAIRS/UPKEEP | | | | |
| MEDICAL/DENTAL | | | | |
| CLOTHING | | | | |
| GIFTS | | | | |
| VACATIONS/TRAVEL | | | | |
| OTHER | | | | |
| OTHER | | | | |
| TOTAL PERIODIC EXPENSES MONTHLY SET ASIDE > > > > > > | | | | |

