



## Create a list of what you owe.

Name of Creditor	Account Number	Current Balance	Current Payment	Interest Rate	Months Late (if any)
<b>AUTO LOANS</b>					
<b>MORTGAGE &amp; HOME EQUITY</b>					
<b>STUDENT LOANS</b>					
<b>OTHER LOANS &amp; CREDIT CARDS</b>					
<b>Monthly Total of Other Loans &amp; Credit Card Payments</b>					

## The Plan

INCOME CATEGORY	Monthly Net Income (The Amount You Bring Home)
Your Income	
Spouse/Other Income	
Retirement/Pension	
Social Security	
Food Stamps	
Other Income	
Other Income	
<b>Total Monthly Income</b>	

HOUSING EXPENSES Should Equal 35% or Less of Income Suggested Budget Amount Based on Income x .35	
Rent/Mortgage	
2nd Mortgage	
HOA	
Property Taxes	
Homeowner's Insurance	
Renter's Insurance	
Gas/Electric (average)	
Water/Sewer/Garbage	
Telephone	
Cable/Satellite	
<b>Current Total</b>	

AUTO & TRANSPORTATION EXPENSES Should Equal 15% or Less of Income Suggested Budget Amount Based on Income x .15	
Auto Payment #1	
Auto Payment #2	
Gasoline	
Maintenance/Repairs	
Auto Insurance	
Auto Registration	
Tolls/Parking/Bus	
<b>Current Total</b>	

DEBT EXPENSES EXPENSES (Credit cards & other loans totaled in Step 2) Should Equal 15% or Less of Income Suggested Budget Amount Based on Income x .15	
<b>Current Total</b>	

SAVINGS AMOUNT Should Equal 10% or More of Income Suggested Budget Amount Based on Income x .10	
<b>Current Total</b>	

<b>OTHER SPENDING EXPENSES</b>	
Should Equal 25% or Less of Income	
Suggested Budget Amount for Essential and Variable Expenses Based on Income x .25	
<b>ESSENTIAL LIVING EXPENSES</b>	Monthly Payment
<b>FOOD</b>	
Groceries/Household items	
At Work/School	
<b>MEDICAL</b>	
Health Insurance (if not included in net income)	
Prescriptions/Doctor Visits	
Other Medical Costs	
<b>CHILDCARE/EDUCATION</b>	
Daycare/Sitting	
Alimony/Child Support	
School	
Tuition/Lessons	
Student Loans	
<b>MISCELLANEOUS</b>	
Taxes (monthly repayment)	
Life Insurance	
Other Insurance	
Storage Fees	
Other	
Other	
Other	
Other	
<b>ESSENTIAL EXPENSES</b>	

<b>VARIABLE EXPENSES</b>	Monthly Payment
<b>PERSONAL</b>	
Beauty/Barber	
Clothing	
Personal Hygiene	
Other	
<b>ENTERTAINMENT/TRAVEL</b>	
Movie	
Dining Out	
Sports/Hobbies/Clubs/Gym	
Reading Material/Music	
Travel	
Other	
Other	
Other	
<b>HOME CARE</b>	
Maintenance/Cleaning	
Gardening/Pool	
Monitored Alarm	
Pest Control	
<b>MISCELLANEOUS</b>	
Gifts	
Pet Care	
Cell Phone	
Postage	
Alcohol/Tobacco	
Computer/Online Subscriptions	
Religious/Charity	
Laundry/Dry Cleaning	
Other	
Other	
<b>CURRENT TOTAL - VARIABLE EXPENSES</b>	

**Need a free financial review?**

Contact ECU at 800-999-2328 or visit your nearest branch. We will take a look at your credit report to determine if there are ways we can save you money each month.



**TO GET "OTHER SPENDING" TOTAL ADD ESSENTIAL EXPENSES + VARIABLE EXPENSES**

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