

Monthly Spending Plan

INCOME PER MONTH:

* Salary _____
 Interest _____
 Other _____

LESS:
 * Tithe _____
 (Malachi 3:10;
 Matthew 6:19-20)

* Taxes _____
 (Matthew 22:15-22;
 Romans 13:6-8)

NET INCOME FOR
 MANAGEMENT (100%) _____

LIVING EXPENSES (80% MAXIMUM)

A. Housing
 Mortgage (Rent) _____
 + Insurance _____
 + Taxes _____
 Electricity _____
 Gas _____
 Water _____
 Telephone _____
 Other _____

B. Vehicle
 + Insurance _____
 Gas & Oil _____
 Other _____

C. Clothing _____

D. Food
 Meals Eaten Out _____
 Personal Care _____
 Pets _____

E. Insurance
 + Life _____
 + Medical _____
 Other _____

F. Provision for Uninsured
 Medical Expenses
 Doctor _____
 Dental _____
 Medicines _____
 Other _____

G. Miscellaneous
 Allowances _____
 Baby-sitting _____
 Lessons _____
 Membership _____
 Newspaper _____
 Recreation _____
 Transportation _____
 Other _____

**H. Periodic _____

TOTAL A - H LIVING EXPENSES
 (80% MAXIMUM) _____

DEBTS (15% MAXIMUM)
 (See attached Debt Payment Plan) _____

SAVINGS (5% MINIMUM) _____

MONTHLY SPENDING PLAN
 (Must not exceed Net Income
 for Management) _____

Periodic Expenses Worksheet

Record estimated yearly figures for the following expenses:

1. Gifts	_____
Birthdays/Other	_____
Christmas	_____
2. Insurance *	_____
Homeowners or renters	_____
Life	_____
Medical	_____
Vehicle	_____
Other	_____
3. Magazine subscriptions	_____
4. School fees & books	_____
5. Taxes	
Income	_____
Property	_____
Other	_____
6. Vacations	_____
7. Vehicle maintenance	_____
8. Vehicle registration	_____
9. _____	_____
10. _____	_____
Total	_____ divided by 12 = _____ +

* Include insurance payments here if made quarterly or yearly.

+ Enter this amount on the budget sheet under "H. Periodic."

Expenses for the Month of _____, 20____

Date	A Housing	B Vehicle	C Clothing	D Food	E Insurance	F Medical	G Misc.	H Periodic	Debt	Savings	Totals
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
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20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Total											
Budget Amount											
+ or -											

Date: _____

Dear Sir:

Please accept my apology for not contacting you earlier about my account. I would like to arrange a repayment schedule that will be acceptable to your company and feasible within my budget.

Attached you will find my debt payment plan. The amount I am able to pay you is \$ _____ per month.

It is my intention to pay every creditor in full. However, this plan requires the cooperation of every creditor! I have made a commitment to use no credit until I have cleared up my debts. If you cannot approve this plan, please direct my letter to someone who has this authority.

Enclosed is my first payment under this plan. Thank you for your cooperation in this matter.

Sincerely,
