

LIFESTYLE PLAN

Name:	Date:
Monthly Expenses	Monthly Expenses
<p>HOME EXPENSES</p> <p>Rent/Mortgage \$ _____</p> <p>Homeowners/Association Fee \$ _____</p> <p>Home Equity Loan \$ _____</p> <p>Property Taxes \$ _____</p> <p>Telephone \$ _____</p> <p>Cellphone/Pager \$ _____</p> <p>Internet \$ _____</p> <p>Security System \$ _____</p> <p>Cable/Satellite \$ _____</p> <p>Electricity \$ _____</p> <p>Gas \$ _____</p> <p>Water/Garbage \$ _____</p> <p>Landscape/Pool/Lawn \$ _____</p> <p>Pest Control/Exterminator \$ _____</p> <p>General Home Repairs/Maint. \$ _____</p> <p>Home Improvements/Upgrades \$ _____</p> <p>Housecleaning \$ _____</p> <p>Misc. Household \$ _____</p> <p>TOTAL HOME EXPENSES \$ _____</p> <p>FOOD</p> <p>Groceries \$ _____</p> <p>Dining Out \$ _____</p> <p>TOTAL FOOD EXPENSES \$ _____</p> <p>CLOTHING EXPENSES</p> <p>Clothing \$ _____</p> <p>Laundry/Dry Cleaning \$ _____</p> <p>TOTAL CLOTHING EXPENSES \$ _____</p>	<p>MEDICAL (After/Not Covered by Insurance; exclude Children)</p> <p>Physicians \$ _____</p> <p>Dental/Orthodontist \$ _____</p> <p>Optometry/Glasses/Contact \$ _____</p> <p>Therapy \$ _____</p> <p>Message \$ _____</p> <p>Acupuncture \$ _____</p> <p>Reiki \$ _____</p> <p>Physical Therapist \$ _____</p> <p>Group Therapy \$ _____</p> <p>Perscriptions \$ _____</p> <p>TOTAL MEDICAL EXPENSES \$ _____</p> <p>INSURANCE</p> <p>Life Insurance \$ _____</p> <p>Health Insurance \$ _____</p> <p>Disability \$ _____</p> <p>Long-Term Care \$ _____</p> <p>Home \$ _____</p> <p>Auto \$ _____</p> <p>Other (Umbrella, Boat, etc.) \$ _____</p> <p>TOTAL INSURANCE EXPENSES \$ _____</p> <p>TRANSPORTATION</p> <p>Auto Payment \$ _____</p> <p>Fuel \$ _____</p> <p>Repair/Maintenance/Tires \$ _____</p> <p>Registration \$ _____</p> <p>Public Transportation \$ _____</p> <p>TOTAL TRANSPORATION EXP. \$ _____</p>

LIFESTYLE PLAN

Name:		Date:	
	Monthly Expenses		Monthly Expenses
<p>ENTERTAINMENT/RECREATION</p> <p>Entertainment (exclude Dining Out) \$ _____</p> <p>Videos/CDs/DVDs \$ _____</p> <p>Hobbies \$ _____</p> <p>Movies and Theater \$ _____</p> <p>Vacations/Travel \$ _____</p> <p>Classes/Lessons \$ _____</p> <p>TOTAL ENTERTAINMENT EXPENSES \$ _____</p> <p>MISCELLANEOUS</p> <p>Postage \$ _____</p> <p>Gifts/Holiday Expenses \$ _____</p> <p>Vitamins/Non-Prescription \$ _____</p> <p>Toiletries \$ _____</p> <p>Beauty Salon/Hair/Nails \$ _____</p> <p>Pet Care/Vet \$ _____</p> <p>Books/Newspapers/Magazines \$ _____</p> <p>Donations \$ _____</p> <p>Memberships/Clubs \$ _____</p> <p>Miscellaneous \$ _____</p> <p>Credit Cards \$ _____</p> <p>TOTAL MISCELLANEOUS EXPENSES \$ _____</p> <p>OTHER PAYMENTS</p> <p>Quarterly Taxes & Add'l Taxes \$ _____</p> <p>Spousal Support Payments \$ _____</p> <p>Child Support Payments \$ _____</p> <p>Eldercare Payments \$ _____</p> <p>Professional Fees \$ _____</p> <p style="padding-left: 20px;">Legal \$ _____</p> <p style="padding-left: 20px;">Accounting \$ _____</p> <p style="padding-left: 20px;">Investment \$ _____</p> <p style="padding-left: 20px;">Other \$ _____</p>		<p>OTHER PAYMENTS (Continued)</p> <p>Service Fees \$ _____</p> <p style="padding-left: 20px;">Bank \$ _____</p> <p style="padding-left: 20px;">Investment \$ _____</p> <p style="padding-left: 20px;">Other \$ _____</p> <p>TOTAL OTHER PAYMENT EXPENSES \$ _____</p> <p>TOT. EXPENSES W/O CHILDREN \$ _____</p> <p>CHILD-RELATED EXPENSES</p> <p>Education/Tuition \$ _____</p> <p>School Lunches \$ _____</p> <p>Counselor \$ _____</p> <p>Sports/Camps/Lessons \$ _____</p> <p>Hobbies/Field Trips/School Activ. \$ _____</p> <p>Toys/Games \$ _____</p> <p>Organization Dues/Fees \$ _____</p> <p>Clothing \$ _____</p> <p>Medical \$ _____</p> <p>Dental/Orthodontics* \$ _____</p> <p>Optometry/Glasses/Contacts* \$ _____</p> <p>Prescriptions* \$ _____</p> <p>Allowance \$ _____</p> <p>Entertainment \$ _____</p> <p>Miscellaneous/Haircuts \$ _____</p> <p>TOTAL CHILD-RELATED EXPEN. \$ _____</p> <p>TOTAL EXPENSES (INCLUDING CHILDREN) \$ _____</p> <p style="margin-top: 20px;">* Not covered by Insurance</p>	