

PERSONAL MONEY PLAN

Client No: _____

CLIENT NAME: _____

DATE: ____/____/____

Pay period: weekly two weekly monthly (please circle appropriately)
 Note: Always work your plan to the pay period.

INCOME	SUB-TOTAL B/F	\$ _____
Take home Pay - 1 \$ _____	Medical:	
- 2 \$ _____	Private Health Fund \$ _____	
Pension/Benefit - 1 \$ _____	Dentist/ Doctor/ Optometrist \$ _____	
- 2 \$ _____	Chemist \$ _____	
Family Payment \$ _____	Vet fees \$ _____	
Rent Assistance \$ _____	Personal:	
Board \$ _____	Clothing \$ _____	
Maintenance \$ _____	Haircuts \$ _____	
TOTAL INCOME \$ _____	Entertainment \$ _____	
	Sport \$ _____	
LIVING EXPENDITURE	Newspapers/Magazines \$ _____	
BASIC LIVING COSTS	Holiday savings \$ _____	
Housing:	Birthday and X-mas gifts \$ _____	
Rent \$ _____	Kid's pocket money \$ _____	
1st Mortgage \$ _____	Drinks (alcoholic) \$ _____	
2nd Mortgage \$ _____	Cigarettes \$ _____	
Land Rates \$ _____	Personal spending \$ _____	
Water Rates \$ _____	Union Fees \$ _____	
House & Household Insurance \$ _____	Miscellaneous:	
House Repairs \$ _____	Maintenance \$ _____	
Strata Plan Levies \$ _____	Life Insurance \$ _____	
Savings for household replacements \$ _____	General savings \$ _____	
Utilities:	Special projects \$ _____	
Electricity \$ _____	TOTAL BASIC LIVING COSTS \$ _____ (A)	
Heating \$ _____	Other Repayments:	
Gas \$ _____	Car \$ _____	
Telephone \$ _____	Bankcards \$ _____	
Car/Travel Expenses:	Other Credit Cards \$ _____	
Petrol \$ _____	Store Accounts \$ _____	
Repairs \$ _____	Finance Companies \$ _____	
Registration \$ _____	Bank/Bldg Soc/Personal Loans \$ _____	
Insurance \$ _____	Rental \$ _____	
Licence/NRMA \$ _____	Credit Union Loans \$ _____	
Fares \$ _____	TOTAL OTHER REPAYMENTS \$ _____ (B)	
Food:	TOTAL LIVING EXPENDITURE \$ _____ (A+B)	
Groceries \$ _____	NET SURPLUS/DEFICIENCY \$ _____	
Meat \$ _____		
Fruit & Vegetables \$ _____		
Milk \$ _____		
Bread \$ _____		
Lunches \$ _____		
Pet Food \$ _____		
Education:		
School Fees \$ _____		
Uniforms \$ _____		
School/sports,excursions/ books/pencils etc \$ _____		
Pre-school/child minding \$ _____		
Self education \$ _____		
SUB TOTAL (Expenditure) C/F \$ _____		