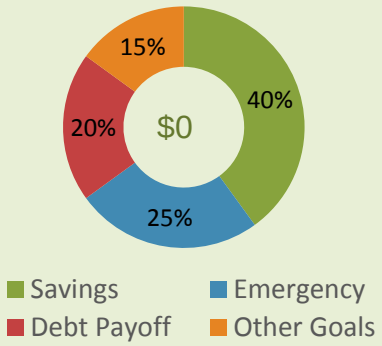
Name:

How much can I save?	Where do I want to put my savings?			
Income				
$	Savings	**40%**		
Total Expenses	Emergency	**25%**		
$	Debt Payoff	**20%**		
Total Savings	Other Goals	**15%**		
$	Total	100%	$0	



What are my expenses?

Description	Date Due	Amount
Car		
Rent/Mortgage		
Utilities		
House Arrest Fees		
Miscellaneous Bills		
Cell Phone/Cable/Internet		
Credit Cards		
Groceries		
Gas		
Substance Abuse Treatment Fees		
MRT/Thinking For Good Fees/BIP Program fees		
Other		

Total Expenses $