

MONTHLY EXPENSES Family Services Perth-Huron OACCS Accredited Member Agency		Name:				Case Number:	
		Initial Date:		Revised Date:			
		Counsellor:				Copy Received:	
W = Weekly; M = Monthly; O = Occasional (Insert under W/M/O)					W/M/O	Initial	Revised
HOUSING EXPENSES	W/M/O	Initial	Revised	FORWARD TOTAL			
First Mortgage				LIVING EXPENSES			
Second Mortgage				Food			
Property Taxes				Personal Travel			
House Insurance				Clothing			
Rent/Condo Fees				Alimony & Support			
Telephone				Auto License/Mtce			
Cell Phone				Insurance-Auto			
Hydro				Insurance-Life			
Water/Sewer				Insurance-OHIP			
Heat - gas, oil, wood, electric				Medical/Doctor			
Rentals				Prescription Drugs			
TV Cable/Rental				Dental			
Internet				Laundry/Dry Cleaning			
Mtce. Contracts				Pets			
Mtce. Imm. Needs				PERSONAL EXPENSES	W/M/O	Initial	Revised
WORK EXPENSES	W/M/O	Initial	Revised	Tobacco			
Transit-Applicant				Alcohol/Beverages			
Transit-Spouse				Recreation			
APP Lunches/Breaks				Restaurant Takeout			
SP Lunches/Breaks				Gaming			
Daycare				Babysitter			
Special Clothing				Personal Grooming			
Professional Fees/Tools				Barber/Hairdresser			
				Magazine/Newspapers			
SUB-TOTAL				Gifts			
Instructions/Comments				Religious Donations			
				School Expenses			
				Donations			
				Allowances			
				Vacation			
				Bank Fees			
SUMMARY OF FUNDS AVAILABLE				TOTAL EXPENSES			

Net Income (all sources)				DEBT PAYMENTS			
Less Total Expenses				DEBT PAYMENTS			
Funds Available				TOTAL			