

## FINANCIAL COUNSELING – DEMOCRACY FEDERAL CREDIT UNION

Member's Name \_\_\_\_\_ Member # \_\_\_\_\_

**Monthly Living Expenses (In each case state the average per month. Estimates are acceptable.)**

Expenses	To be Completed by Member Monthly	To be completed by interviewer (Adjusted) Monthly - Remarks
Housing Rent/Mortgage		
Property Taxes		
Homeowners/Renters Insurance		
Electric		
Gas/Oil/Kerosene (Home)		
Water		
Garbage Removal		
Pest Control		
Other (pool/lawn care)		
Telephone		
Cellular Phone		
Cable/ Satellite TV		
Other		
Car Payment		
Gas (Car)		
Car Insurance		
Repairs, Tires, Oil Changes, Etc.		
Tags & Property Taxes		
Car Pool/Bus/Subway		
Other		
Education Tuition		
Books		
Other		
Groceries		
Dining Out (including fast food)		
School Lunches		
Work Lunches		
Beverages		
Other		
Medical Doctor		
Dentist		
Medication		
Health Insurance		
Life Insurance		
Disability Insurance		
Dental Insurance		
Other		

<b>Expenses</b>	<b>To be Completed by Member Monthly</b>	<b>To be completed by interviewer (Adjusted) Monthly - Remarks</b>
Child Care		
Allowance (to others)		
Child Support		
Alimony		
Dependent Care		
Family Assistance		
Babysitter		
Other		
Clothing		
Laundry/Dry Cleaning		
Personal care items/Toiletries		
Personal care (barber/salon/nails)		
Cigarettes		
Pet Supplies		
Pet Care (Vet visits)		
Other		
Savings CU/Bank		
Donations - Church		
Donations - Charity		
Cards/Stamps/ Money Orders		
Other		
Gifts – Birthdays		
Gifts – Holidays/Christmas		
Entertainment		
Movies/Plays (include rentals)		
Sports/Hobbies/Lessons		
Vacation		
Newspapers		
Other		
Miscellaneous not listed above:		
<b>Total (from both pages)</b>	<b>\$</b>	<b>\$</b>

**FINANCIAL COUNSELING ONLY**

**NET INCOME \$** \_\_\_\_\_

**BILLS \$** \_\_\_\_\_

**LIVING EXPENSES \$** \_\_\_\_\_

**SURPLUS OR DEFICIT \$** \_\_\_\_\_

**AMOUNT LEFT TO PAY BILLS \$** \_\_\_\_\_