

MANAGEMENT REVIEW

Type of Expense	Monthly Amount Due	Amount Paid	Amount Still Owed
Rent/Mortgage	\$	\$	\$
Electric	\$	\$	\$
Water/Sewer/Trash	\$	\$	\$
Home Phone	\$	\$	\$
Cell Phone	\$	\$	\$
Gas for Heating	\$	\$	\$
Gas for Vehicle	\$	\$	\$
Food	\$	\$	\$
Household Supplies	\$	\$	\$
Diapers	\$	\$	\$
Public Transportation	\$	\$	\$
Vehicle Payment	\$	\$	\$
Car Insurance	\$	\$	\$
Credit Card(s)	\$	\$	\$
Child Care	\$	\$	\$
Cable/Internet	\$	\$	\$
Child Support/Alimony	\$	\$	\$
Out of Pocket Medical	\$	\$	\$
Other	\$	\$	\$
TOTAL:	\$	\$	\$
<i>For Office Use Only:</i>	\$	\$	\$
NET INCOME:			

Signature

Date

