Solutions Credit
COUNSELLING SERVICE INC.
Your Credit Education Center

MONTHLY BUDGET

Name	Date
Address:	Telephone Number

	INITIAL	REVISED
HOUSING EXPENSES		
First Mortgage PI / PIT		
Second Mortgage		
Property Taxes		
House Insurance		
Rent / Condo Fees.....		
Telephone		
Hydro		
Water / Sewer		
TV Cable / Rental		
Cell Phone		
Pager		
Internet.....		
SUB TOTAL.....		
LIVING EXPENSES		
Food.....		
Gas		
Clothing		
Alimony & Support.....		
Auto Repair		
Insurance - Auto		
Life		
Home		
Medical / Doctor.....		
Prescription Drugs		
Dental.....		
Laundry / Dry Cleaning		
Pets		
SUB TOTAL.....		

Please complete the initial columns and Fax to 604-588-9007:

	INITIAL	REVISED
WORK EXPENSES		
Transit - Applicant		
Transit - Spouse.....		
APP Lunches / Breaks.....		
SP Lunches / Breaks		
Daycare		
Special Clothing.....		
.....		
SUB TOTAL.....		
PERSONAL EXPENSES		
Tobacco		
Alcohol / Beverages.....		
Recreation / Ent.....		
Babysitter.....		
Personal Grooming		
Barber / Hairdresser		
Magazines / Newspapers		
Gifts		
School Expenses.....		
Donations.....		
Allowances.....		
Savings		
SUB TOTAL.....		
TOTAL EXPENSES.....		
DEBT PAYMENTS.....		
DEBT PAYMENTS.....		
TOTAL		

SUMMARY OF FUNDS AVAILABLE

NET INCOME FROM ALL SOURCES		
LESS TOTAL EXPENSES		
FUNDS AVAILABLE		