FPA Pro Bono

EMERGENCY SPENDING PLAN Month_____ 20_____

A) Your Income List income after taxes and withholdings.	**Step 1 Current Amount**	**Step 2 Categorize Expenses**			**Step 3 Adjusted Amount**
Salary, wages (Reduce or eliminate to run a "Fire Drill")	$				$
Unemployment compensation	$				$
Other – pensions, social security, disability, etc.	$				$
Total Income This Month (A)	**$**				**$**
B) Monthly Expenses List all expenses. Check if they are needed for survival, to make life livable, or to be comfortable. Then adjust how much you plan to spend on each expense in future.	**Current Amount**	Survival	Livable	Comfortable	**Adjusted Amount**
Housing - mortgage or rent payment	$				$
Utilities - electric, gas, phone, etc.	$				$
Food – groceries	$				$
Food – restaurants, delivery and takeout	$				$
Transportation - gas, car repairs, mass transit	$				$
Medical care - doctor, dentist, hospital	$				$
Credit payments - credit cards, other loans	$				$
Insurance - health, car, home, life, disability, liability, etc.	$				$
Household - cleaning, laundry, maintenance, etc.	$				$
Personal care - toiletries, hair care, clothes, etc.	$				$
Education	$				$
Recreation and entertainment	$				$
Miscellaneous - child care, gifts, allowances	$				$
Occasional/Seasonal expense (from below)	$				$
Short-term savings	$				$
Long-term savings	$				$
Total Expenses This Month (B)	**$**				**$**

Occasional/Seasonal Expenses List expenses like property taxes, insurance premiums or holiday gifts that don't occur each month. Add this month's amount to the "Occasional/Seasonal expense" line above.

January	$	April	$	July	$	October	$
February	$	May	$	August	$	November	$
March	$	June	$	September	$	December	$

C) Compare Income & Expenses If expenses are bigger than income, you must cut expenses, increase income or use savings.	**Current Amount**	**Adjusted Amount**
Total Income this month from (A)	$	$
minus Total Expenses this month from (B)	$	$
Extra or Insufficient Funds for This Month (C)	**$**	**$**
D) Check Savings This is your safety net so be careful with it.	**Current Amount**	**Adjusted Amount**
Available Emergency Fund	$	$
plus or minus Extra/Insufficient Funds from (C)	$	$
Available Emergency Fund Going Forward	**$**	**$**

E) Look Forward Repeat this worksheet for as many months as needed (at least three months) to plan ahead.