CASH FLOW STATEMENT

Name:

Date:

Monthly NET (take home) income

Name

Name

HOUSING

Mortgage/rent
Property tax
Property insurance
Utilities (heat, hydro, water)
Maintenance/condo fees
Phones
Cable/internet
Cleaning/assistance

FOOD & ENTERTAINMENT

Groceries
Restaurants/take-out
Alcohol/cigarettes
Subscriptions/memberships
Entertainment (movies, concerts etc.)
Vacations

GROOMING

Clothing
Beauty treatments/supplies (hair, nails, skin etc.)
Pet grooming/vet

HEALTH CARE

Medical/prescriptions
Dental
Vision

TRANSPORTATION

Car loan/lease payments
Car insurance
Gas
Parking
Maintenance/repairs

PERSONAL INSURANCE

Life insurance
Disability insurance
Critical illness/LTC insurance

SUPPORT PAYMENTS

Child support
Alimony/spousal support

DEBT REPAYMENT

Credit cards
Lines of credit
Other loans

SAVINGS

Emergency fund
Retirement (RRSP)
Education (RESP)
TFSA/other

MISCELLANEOUS

Donations
Gifts
Other

TOTAL INCOME
TOTAL EXPENSES

SURPLUS/DEFICIT