CONSUMER CREDIT COUNSELING OF NORTHERN ILLINOIS

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INCOME & EXPENSE SUMMARY

Name:	Date:
MONTHLY INCOME	
Primary Take Home	Unemployment
2nd Job	ADC - Public Aid
Secondary Take Home	Maintenance
2nd Job	Child Support Received
Social Security Income	Mileage check
Pensions-Retirement	Other
Workman's Comp	TOTAL INCOME
MONTHLY EXPENSES	
Housing	Recreation
Rent or Mortgage	Internet
2nd Mortgage/Home Equity Loan	Cable T.V.
Taxes & Insurance	Pets/Food/Vet Bills
Association/Condo Dues	Hobbies/Toys/Sports
Home Maintenance/Repair	Entertainment
Lawn & Garden	Newspapers/Magazines/Books
Utilities	Vacations/Trips
Electricity	Gifts/Christmas/Birthdays
Heat	Smoking
Garbage	Liquor
Telephone/Cellular	Lottery/Gambling
Water	Other
Child Care Expenses	Contrib./Religious/Other
Child Support Payment	Clothing/Shoes
Day Care/Babysitting	Laundromat/Dry Clean
Food	Barber/Beauty Shop
Grocery Store	Club/Union Dues
Food/Drinks at Work/Vending	Children Spend \$/Allowance
School Lunches	Postage
Going Out/Fast food	Miscellaneous (soap, etc)
Transportation	
Car Payment	Other
2nd Car Payment	Other
Car Insurance	Other
Gasoline	Education
Oil Change and Maintenance	Tuition/Fees
Repairs	Bank Charges/Checking/ATM
Train/Parking/Tolls	Student Loan
License Plates	Other Expenses
Health	
Health Insurance Premiums	
Life Insurance Premiums	Other
Doctor	
Chiropractor	
Dentist	SUMMARY
Medications	Monthly Income
Eye Doctor/Contacts	Monthly Expenses
Counseling	Excess or (Deficit)
	Credit Card Debt on CCCS plan
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