

A 501(c)(3) Non-Profit Organization
 Phone: (954) 227-7221
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 www.myadc.org

INCOME:

| | |
|--------------|----|
| Primary | \$ |
| Secondary | \$ |
| Other income | \$ |

Total Net Income \$

EXPENSES:

HOUSING EXPENSES

| | |
|---|----|
| Mortgage/Rent payment | \$ |
| Property Taxes (if not included with mortgage) | \$ |
| Home/Rental Insurance (if not included with mortgage) | \$ |
| Heating Expense | \$ |
| Electricity | \$ |
| Gas | \$ |
| Water/Sewer/Garbage | \$ |
| Telephone | \$ |
| Cable Television | \$ |
| Other | \$ |

Total Housing Expenses \$

TRANSPORTATION EXPENSES

| | |
|------------------|----|
| Car Loan(s) | \$ |
| Auto Insurance | \$ |
| Gasoline | \$ |
| Tolls | \$ |
| Auto Maintenance | \$ |
| Other | \$ |

Total Transportation Expenses \$

FOOD EXPENSES

| | |
|----------------------|----|
| Groceries | \$ |
| Lunch/Dinner Expense | \$ |
| Other | \$ |

Total Food Expenses \$

FAMILY EXPENSES

| | |
|------------------------|----|
| Health Insurance | \$ |
| Life Insurance | \$ |
| Education | \$ |
| Laundry | \$ |
| Child Care | \$ |
| Clothing | \$ |
| Other Medical Expenses | \$ |
| Other | \$ |

Total Family Expenses \$

TOTAL MONTHLY EXPENSES \$

Why I need debt management program:
