



Housing & Financial Counseling
 Sorenson Center for Clinical Excellence
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NAME(S) _____ DATE _____

INCOME AND EXPENSE STATEMENT

EXPENSES	AMOUNT
<i>Fixed</i>	
Rent/Mortgage	
Savings/Investment	
Revolving Savings	
Loan Payment	
Loan Payment	
Other	
Other	
Other	
Sub-total	
<i>Variable</i>	
Utilities	
Phone/Cell	
Cable	
Groceries	
Eating Out	
Gasoline	
Household	
Personal Care	
Clothing	
Laundry/Dry Clean.	
Doctor Payments	
Prescriptions	
Personal Allowance	
Entertainment	
Contributions	
Miscellaneous	
Other	
Other	
Other	
Sub-Total	

EXPENSE TOTAL	
INCOME	AMOUNT
Salary (take home)	
Bonuses, tips, etc.	
Interest and Dividends	
Other	
Other	
Other	
TOTAL INCOME	

Total Income	\$
Total Expenses	- \$
NET GAIN/LOSS	= \$