



# Cash Flow Statement

Full Name

Date - m/d/yy



RENAISSANCE  
COMPANIES

# Cash Flow Statement

## Expenses

HOME	
Rent or Mortgage	<input type="text"/>
Second Mortgage	<input type="text"/>
Property Tax	<input type="text"/>
HOA Dues	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

MONTHLY DEBTS	
Credit Cards	<input type="text"/>
Student Loans	<input type="text"/>
Other Loans	<input type="text"/>
Other Loans	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

UTILITIES	
Electricity	<input type="text"/>
Household Fuel	<input type="text"/>
Water/Sewer/Garbage	<input type="text"/>
Phone-Basic/Long Distance	<input type="text"/>
Cell Phone/Pager	<input type="text"/>
Cable T.V	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

OTHER EXPENSES	
Misc.	<input type="text"/>
Laundry	<input type="text"/>
Health/Hair/Personal Care	<input type="text"/>
Pet/Veterinary	<input type="text"/>
Landscaping	<input type="text"/>
Child Support	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

HOUSEHOLD	
Groceries	<input type="text"/>
Household Supplies	<input type="text"/>
Repairs/Maintenance	<input type="text"/>
Clothing/Seasonal	<input type="text"/>
School Lunch	<input type="text"/>
Child Care/Sitter	<input type="text"/>
Diapers/Formula	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

EDUCATION	
Tuition	<input type="text"/>
Books/Paper/Pens	<input type="text"/>
Uniforms/Lessons/Sports	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>



TRANSPORTATION	
Car Payment/Lease	<input type="text"/>
Fuel	<input type="text"/>
Repair Allowance	<input type="text"/>
License/Registration	<input type="text"/>
Bus Fare/Tolls	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

ENTERTAINMENT	
General	<input type="text"/>
Vacations	<input type="text"/>
Dining Out	<input type="text"/>
Crafts/Computer/Sports	<input type="text"/>
Other	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

INSURANCE	
Auto	<input type="text"/>
Medical/Dental	<input type="text"/>
Misc. Medical	<input type="text"/>
License/Registration	<input type="text"/>
Long-term Health Care	<input type="text"/>
Life/Disability	<input type="text"/>
Home/Renters	<input type="text"/>
Umbrella	<input type="text"/>
Co-Pays	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

GIFTS	
Children's Allowances	<input type="text"/>
Contributions/Church/Charities	<input type="text"/>
Holidays/Birthdays/Weddings	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

GRAND TOTAL	
Total Monthly Expenses	<input type="text"/>
Monthly Income	<input type="text"/>
Net Available Income	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

