



PASS Monthly Expense Sheet

January 2020

Beneficiary Name: _____ Date: _____

EXPENSE	MONTHLY AMOUNT
Rent/mortgage (if mortgage payment includes property and/or other local taxes, insurance, etc. DO NOT LIST again)	
Food/groceries	
Hygiene supplies	
Gas bill	
Electric	
Water/sewage/trash collection	
Phone	
Mobile	
Cable	
Internet connection	
Car payment	
Gas for car	
Car maintenance	
Other transportation	
Heating and cooking fuel (oil, propane, wood, coal, etc.)	
Clothing	
Credit card payments Mastercard VISA AMEX Other	
Loan payments	
Layaway payment	
Home repairs	
Bankruptcy payments	
Child support Payment	
Alimony payments	
Life insurance	
Health insurance	
Fire insurance	
Homeowners insurance	

EXPENSE	MONTHLY AMOUNT
Renters insurance	
Car insurance	
Prescriptions	
Medical payments	
Dental payments	
Tuition payments/student loans	
School supplies	
School activities	
School lunches	
Eating out	
Movies	
Soda/coffee	
Cigarettes	
Other recreational activities	
Religious donations	
Charity donations	
Haircuts	
Pet food	
Vet bills	
Pet maintenance	
Other:	
TOTAL	