

**EASTERN IOWA CENTER FOR PROBLEM GAMBLING, INC.**

	\$ Monthly		\$ Monthly
Total Net Income	_____	CLOTHING:	
		Family	_____
		Laundry/Dry Clean	_____
HOUSING:		PERSONAL:	
Rent/Mortgage	_____	Barber/Beauty Shop	_____
Electricity	_____	Toiletries/cosmetics	_____
Heating	_____	Allowances	_____
Gas	_____	Beverages	_____
Telephone	_____	Cigarettes/tobacco	_____
Water/Sewer	_____	Gifts/Cards	_____
Taxes	_____	Holiday Gifts/Cards	_____
Supplies/Maint)	_____	Donations	_____
Cable TV	_____		
Water Softener	_____		
FOOD:		WORK EXPENSES:	
Groceries	_____	Dues	_____
Food away	_____	Child Care	_____
School/Work	_____	Uniforms	_____
Lunches	_____		
TRANSPORTATION		MISCELLANEOUS:	
Car payment/lease	_____	Recreation	_____
Insurance	_____	Education	_____
Gas & Oil	_____	Lessons(dance,etc)	_____
Repairs	_____	Newspapers	_____
Bus,Cab,Parking	_____	Bank Charges	_____
Car Registration	_____	Alimony/Child Support	_____
		Clubs, Hobbies	_____
		Pets	_____
		Postage/paper	_____
		Legal Fees	_____
INSURANCE:		RETIREMENT FUND:	_____
Home	_____	SAVINGS:	_____
Health	_____	CREDITORS	_____
Life	_____	(Total from Below)	
Other	_____		
MEDICAL:		OTHER	_____
Doctor	_____	TOTAL EXPENSES:	_____
Dentist	_____		

Optometrist \_\_\_\_\_  
Medications \_\_\_\_\_

CREDITORS;	TOTAL AMOUNT	MONTHLY	DUE DATE
_____			
_____			
_____			
_____			