





To complete this plan, enter your income and expenditure for relevant items each *Fortnight*.

Income

Centrelink Income

Disability Support Pension: \$ _____

Newstart:  \$ _____

Age Pension:  \$ _____

Parenting Payments: \$ _____

Carers Allowance: \$ _____


Rent Assistance: \$ _____


Mobility Allowance: \$ _____

Other Income

Casual Earnings: \$ _____

Self-employment: \$ _____

Interest:  \$ _____

Other Income:  \$ _____

Total Income

\$ _____

Assets and Commitments

Investments

Please list any financial investments you have:

Shares/Dividends: \$ _____

Superannuation if over 55: \$ _____

Term Deposits: \$ _____

Current Bank Balance: \$ _____
(if over \$1,000.00)

Financial Commitments

Amounts you pay - calculated fortnightly:

Centrelink Advance: \$ _____

Other Centrepay Deductions: \$ _____

Credit Card Payments: \$ _____


Child Support/Garnishees: \$ _____

Savings/Super Payments: \$ _____

Other Loans: \$ _____

Expenditure

Living Expenditure

Fortnightly Rent:  \$ _____

Tick if rent paid to: Agent or Owner
 Dept Housing
 Centrelink

Land Rates: \$ _____

Water Rates: \$ _____


Building/Contents Insurance: \$ _____


Levies/Strata Title Fees: \$ _____

Home Maintenance: \$ _____

Food

Groceries or Supermarket: \$ _____


Meat:  \$ _____


Vegetables:  \$ _____

Milk: \$ _____

Bread: \$ _____


Lunches: \$ _____


Pet Food:  \$ _____

Take Away:  \$ _____

Other: \$ _____

Utilities

Electricity:  \$ _____

Gas:  \$ _____


Telephone (land line): \$ _____


Mobile Phone: \$ _____

Internet: \$ _____

Transport

Bus/Train Fares: \$ _____

Taxis:  \$ _____

Petrol:  \$ _____

Car Insurance/Green Slip: \$ _____


Motor Vehicle Repairs: \$ _____


Driver's Licence Renewal: \$ _____


NRMA Road Service: \$ _____

Medical

Medical Prescriptions: \$ _____

Chemist:  \$ _____

Dentist:  \$ _____

Doctor:  \$ _____

Vitamins: \$ _____

Private Health Fund: \$ _____

Other: \$ _____

Education

Fees:  \$ _____

Books:  \$ _____

Other: \$ _____

Personal

Gym/Sports:  \$ _____

Gardening:  \$ _____

Hairdresser: \$ _____

Papers/Magazines: \$ _____

Drinks/Alcohol: \$ _____

Laundry: \$ _____

Lotto/Gambling: \$ _____

Other Recreational Activities: \$ _____

Grooming: \$ _____

Clothing: \$ _____

Entertainment: \$ _____

Holidays/Outings: \$ _____

Cigarettes:  \$ _____

Drycleaning:  \$ _____

Videos/Movies/Pay TV: \$ _____

Other: \$ _____

Total Expenditure

\$ _____

Calculate your Surplus

\$ _____

Your surplus is Total Income minus Expenditure