

CASH FLOW SUMMARY

INCOME	Income	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Secondary Income	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Rental Income	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
HOME EXPENSES	Mortgage / Rent	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Property/Renters Insurance	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Property Taxes	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Heat, Hydro, Water / Condo Fees	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Home Phone/fax/cell	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Cable/Satellite	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Internet	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
DAILY LIVING	Groceries	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Dining/Eating Out	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Clothing	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Education/Lessons	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Hair Dresser/Salon	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Pet care (excluding Pet Insurance)	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Maid / Cleaning Services	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Kids Day Care	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
TRANSPORTATION	Vehicle Payments	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Auto Insurance	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Fuel	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Bus/Taxi/Train Fare	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Repairs	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Registration/License	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
ENTERTAINMENT	Movies/Theater/Concerts	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Hobbies / sports	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Vacation/Travel	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Weekend social	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
HEALTH	Health Insurance	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Doctor/Dentist	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Medicine/Drugs	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Health Club Dues	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Life Insurance	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Disability Insurance	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Critical Illness Insurance	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Veterinarian/Pet Care	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Pet Insurance	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Kids Life Insurance	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Kids Critical Illness Insurance	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
CAPITAL SAVINGS	Emergency Fund	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Transfer to Savings	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Savings (TFSA)	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Retirement (RRSP, Pension)	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Investments	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Kids Education (RESP)	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
DEBT OBLIGATIONS	Loans	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Credit Cards	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Alimony/Child Support	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
CHARITY/GIFTS / Other	Gifts	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Charitable Donations	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Subscriptions	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>
	Bank Fees	_____	<input type="text" value="MTH"/> <input type="text" value="YR"/>