PERSONAL BUDGET

DATE: _____

INCOME (Gross excluding deductions)		**EXPENDITURE**		
Applicant		**1.**	***Salary Slip Deductions***	
Spouse			- PAYE	
Other: (Specify)			- UIF	
			- Provident Fund/Pension	
			- Insurance	
			- General Items:	
		2.	***Other Monthly Expenses (not including on salary slip deductions***	
			Groceries	
			Stokvel	
			Transport	
			Clothing	
			Debts	
			School Fees	
			Savings	
			Insurance	
			Investments	
			Recreation	
			Health	
			Rental* (FM)	
			Other Rental	
			Rates, taxes, water	
			Phone	
			Electricity	
		Total Expenditure		
Total Income				
Less Expenditure				
Net Surplus/Shortfall				

* **This is the First Metro rental amount. If prospective tenants will be paying additional rental elsewhere while living in one of our units then it must be included as other rental.**