

NAME: _____ FAMILY SIZE: _____ DATE: _____

Indicate the normal monthly amount of cost for each applicable expense. (Note: Annual or quarterly expenses will need to be divided accordingly for average monthly figures.)

<u>HOUSING EXPENSES</u>		<u>LIVING EXPENSES</u>			
GROSS MONTHLY	\$	GROCERIES	\$	SUBSCRIPTIONS	\$
NET MONTHLY	\$	LUNCHES	\$	MEMBERSHIPS	\$
MORTGAGE	\$	PAPER GOODS/HOUSEHOLD ITEMS	\$	DAY CARE	\$
MORTGAGE (2ND)	\$	PERSONAL NEEDS (HAIR CUTS, SELF CARE, ETC)	\$	ENTERTAINMENT	\$
ELECTRIC	\$	TOBACCO PRODUCTS	\$	PET CARE	\$
GAS	\$	ALCOHOLIC BEV.	\$	CHILD SUPPORT	\$
OIL	\$	CLOTHING	\$	ALIMONY	\$
WATER	\$	LAUNDRY	\$	EDUCATION/TUITION	\$
SEWER	\$	CELL PHONE	\$	SAVINGS	\$
TRASH/RECYCLING	\$	CABLE/INTERNET	\$	CAR INSURANCE	\$
OTHER	\$	GASOLINE	\$	LIFE INSURANCE	\$
		BUS	\$	OTHER	\$
		DENTAL & DOCTOR BILLS	\$	OTHER	\$
		PRESCRIPTIONS	\$		\$

\$	+	\$	=	\$
HOUSING EXPENSES		LIVING EXPENSES		TOTAL EXPENSES
(See next page for payments to credit cards, installment loans, etc.)				

Fill in the name of those creditors where you have balances and/or payments. Examples as listed are a sample of those accounts to be considered for completion of information.

- | | | |
|----------------------------------------|------------------------------|--------------------------|
| Credit Cards | IRS | Personal loans |
| Department Stores | Legal Fees | Delinquent Medical Bills |
| Auto Loans | Delinquent Real Estate Taxes | School Loans |
| Credit Unions | Bankruptcy Trustee Payments | Unsecured Loans |
| Delinquent State or Local Tax Payments | | Payments on Fines |

ACCOUNT NAME	NORMAL MONTHLY PAYMENTS	BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL PAYMENTS	TOTAL BALANCES
\$ _____	\$ _____

MONTHLY	
Total Housing + Living Expenses:	\$ _____ (from page 1)
Total Credit card, loans, etc.:	\$ _____ (from page 2)
Total Expenses:	\$ _____
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Total Household Net Income:	\$ _____
Minus Total Expenses:	\$ _____ = \$ _____ Monthly Residual Income

Comments:

SIGNATURE:	DATE:
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