

Name (Last, First M.I.)
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EXPENDITURES

All expenditures should be average monthly expenditures.
(Please do not include anything deducted from your pay stubs)

Rent / home mortgage payment (Include lot rented for mobile home).....	\$ _____
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Utilities:	
Electric and Gas.....	\$ _____
Water and Sewer.....	\$ _____
Telephone.....	\$ _____
Cell Phone.....	\$ _____
Cable / Satalite.....	\$ _____
Internet	\$ _____
Security System.....	\$ _____
Home Maintenance (repairs and upkeep)	\$ _____
Food (incudes hygiene & detergent)	\$ _____
Clothing	\$ _____
Laundry and dry cleaning	\$ _____
Medical & Dental Expenses (include over the counter)	\$ _____
Transportation (Fuel and Vehicle Maintenance) (not including car payments)	\$ _____
Recreation, clubs, and entertainment, newspapers, magazines, etc	\$ _____
Charitable contributions	\$ _____
Insurance (not deducted from wages or included in home mortgage)	
Homeowner's or renter's	\$ _____
Life	\$ _____
Health	\$ _____
Auto	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____
Taxes (not deducted from wages or included in home mortgage payments)	
_____	\$ _____
_____	\$ _____
Installment payments (if a Chapter 13, do not list payments that will be included in the plan)	
Auto	\$ _____
Student	\$ _____
Personal	\$ _____
Personal	\$ _____
Alimony, maintenance, and support paid to others	\$ _____
Payments for support of additional dependents not living at home	\$ _____
Regular expenses from operation of business, profession, or farm	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____