

## Current Expenses

The following questions ask for your average expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month:

1.	Rent or Home Mortgage: _____	\$	
	Does that amount include real estate taxes: <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Does that amount include property insurance: <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.	Utilities:		
	a. Electricity and heating fuel: _____	\$	
	b. Water and sewer: _____	\$	
	c. Telephone service/long distance: _____	\$	
	d. Cell phone		
	e. Cable, Internet, etc.		
	f. Do you have any other utility bills? If <b>yes</b> , describe and enter monthly amount below:		
	_____	\$	
	_____	\$	
	_____	\$	
3.	Home maintenance (including repairs and upkeep): _____	\$	
4.	Food: _____	\$	
5.	Clothing: _____	\$	
6.	Laundry and dry cleaning: _____	\$	
7.	Medical and dental expenses (prescriptions and co-pays): _____	\$	
8.	Transportation (gas and maintenance but do NOT include car payments): _____	\$	
9.	Recreation and entertainment: _____	\$	
10.	Charitable contributions: _____	\$	
11.	Insurance NOT deducted from wages or included in home mortgage payments:		
	a. Homeowner's or renter's insurance: _____	\$	
	b. Life insurance: _____	\$	
	c. Health insurance: _____	\$	
	d. Auto insurance: _____	\$	
	e. Other insurance ( <i>describe and list monthly amount</i> ):		
	_____	\$	
	_____	\$	
	_____	\$	
12.	Tax bills NOT deducted from wages or included in home mortgage payments:		
	Personal property taxes, tags, etc.	\$	
	Real estate taxes	\$	
	_____	\$	

13. Installment payments for car, furniture, student loans, etc. (Describe):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$  
\$  
\$  
\$  
\$  
\$

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Alimony, maintenance and support paid to others: \_\_\_\_\_

\$

\_\_\_\_\_

15. Payments for support of additional dependents not living at your home: \_\_\_\_\_

\$

\_\_\_\_\_

16. Regular expenses from operation of business, profession or farm: \_\_\_\_\_

\$

\_\_\_\_\_

17. Other expenses (Describe): **(please see "Additional Expenses" below before putting anything here)**

Day care, babysitting \_\_\_\_\_

Personal grooming \_\_\_\_\_

Pet care, supplies \_\_\_\_\_

School expense \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$  
\$  
\$  
\$  
\$  
\$

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Describe any increase or decrease in expenses you expect to occur within the next year?

\_\_\_\_\_

\_\_\_\_\_  
Debtor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-debtor

\_\_\_\_\_  
Date