



Income & Expenses

	Client	Spouse
<i>Age</i>		
<i>Occupation</i>		
<i>Employer</i>		
<i>How Long Employed</i>		
<i>Gross Per Month</i>		
<i>Net Per Month (after taxes)</i>		
<i>Other Income (SSI, Child Support, Etc.)</i>		

Number of Children/Dependents: _____ Genders: _____ Ages: _____

The following questions ask for your average current 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: No Yes
 Does that amount include property insurance: No 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 **yes**, describe and enter monthly amount below:

Alarm systems	\$	
Pest control	\$	
	\$	
	\$	
3. Home maintenance (including repairs and upkeep): \$ _____
4. Food: \$ _____
5. Clothing: \$ _____
6. Laundry and dry cleaning: \$ _____
7. Personal care products and service: \$ _____
8. Medical and dental expenses (prescriptions and co-pays): \$ _____
9. Transportation (gas and maintenance but do NOT include car payments): \$ _____
10. Recreation and entertainment: \$ _____
11. Charitable contributions: \$ _____

12. 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 (*describe and list monthly amount*):

_____ \$ _____

_____ \$ _____

_____ \$ _____

13. Tax bills NOT deducted from wages or included in home mortgage payments:

Personal property taxes, tags, etc. \$ _____

Real estate taxes \$ _____

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

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

15. Alimony, maintenance and support paid to others: \$ _____

16. Payments for support of additional dependents not living at your home: \$ _____

17. Regular expenses from operation of business, profession or farm: \$ _____

18. Other expenses (*Describe*):

Day care, babysitting _____

Pet care, supplies \$ _____

Education expenses \$ _____

Extracurricular activities \$ _____

Storage unit \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

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

Debtor

Date

Co-debtor

Date