

Current Expenses

Do you and your spouse maintain separate households? No Yes. If so, fill one page out for your household and another for your spouse's.

Indicate how much you pay for each item each month

- | | |
|--|----------|
| 1. Rent or Mortgage | \$ _____ |
| Does that amount include real estate taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Does it include property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| 2. Electricity | \$ _____ |
| 3. Heat (what source)? | \$ _____ |
| 4. Water and Sewer | \$ _____ |
| 5. House Telephone | \$ _____ |
| 6. Cellular Telephone | \$ _____ |
| 7. Cable | \$ _____ |
| 8. Internet | \$ _____ |
| 9. Trash Removal | \$ _____ |
| 10. Home Maintenance, Repairs, Upkeep | \$ _____ |
| 11. Food | \$ _____ |
| 12. Clothing | \$ _____ |
| 13. Out of Pocket Medical and Dental Expenses | \$ _____ |
| 14. Transportation Expenses (not car payment; including gas) | \$ _____ |
| 15. Charitable Contributions (cash, not clothing donations) | \$ _____ |
| 16. Auto Insurance | \$ _____ |
| 17. Life Insurance (if not deducted from paycheck) | \$ _____ |
| 18. Health Insurance (if not deducted from paycheck) | \$ _____ |
| 19. Homeowner's Insurance (if not included in mortgage) | \$ _____ |
| 20. Car Payment | \$ _____ |
| 21. Second Car Payment (if any) | \$ _____ |
| 22. Student Loan Payment | \$ _____ |
| 23. Child Support or Alimony (if not deducted from paycheck) | \$ _____ |
| 24. Childcare | \$ _____ |
| 25. Care for elderly family member | \$ _____ |
| 26. Education Expenses for children under 18 | \$ _____ |
| 27. Pet/Vet Expense | \$ _____ |
| 28. Grooming (hair, nails) | \$ _____ |
| 29. Tobacco | \$ _____ |
| 30. Household Products (paper towels, cleaning supplies) | \$ _____ |
| 31. Personal Care Products (shampoo, razors, deodorant) | \$ _____ |
| 32. Summer Camp / After School Activities | \$ _____ |
| 33. Any other Expenses _____ | \$ _____ |
| 31. Any other Expenses _____ | \$ _____ |