

HOUSEHOLD LIVING EXPENSES

Please list your normal, monthly average living expenses for these categories. If something is almost always the same amount every month, such as rent, list that amount. For things that fluctuate, like utilities, calculate a fair average between the high and low amounts. If you pay quarterly for something, like garbage pickup or insurance premiums, divide that amount by 3 to get the monthly average.

We also need to consider expenses that might not arise every month such as clothing, medical expenses, and automobile maintenance or repairs. For those expenses, use your best educated guess of how much you are likely to spend over the course of a year, and divide that by 12 to get a monthly average. We also need to consider expenses that don't happen every year, like tires for the car or eyeglasses. For those things, estimate how much you will spend in 3 years, and divide that by 36 (for example).

If the basis for your answer is not obvious, please add brief notes in the 3rd column. Be realistic. Think about everything for the entire family. Don't make the mistake of understating your expenses!!

Only list expenses that you pay (or that your spouse pays). If you share expenses with a roommate or someone else who is not your spouse, only list your share of those expenses. **DO NOT** list payments for credit cards, personal loans, or other unsecured debts. Those things are not expenses; they are debts and will be dealt with elsewhere.

	Monthly Avg. out-of-pocket	Misc. Notes
HOUSING		<i>Note: Some of this data may also be included in your Real Estate form.</i>
Rent	\$ _____	
First mortgage	\$ _____	
Second mortgage	\$ _____	
Third mortgage	\$ _____	
Association dues/CAM fees	\$ _____	
Alarm service/security	\$ _____	
Home maintenance & repairs (<i>lawn care, pool maintenance, gardening, decorations, termite contract, etc.</i>)	\$ _____	
TRANSPORTATION (*Not including car payments)		<i>(*Everything else related to car & lease payments is in the Vehicle form)</i>
Gas (<i>all cars in the household</i>)	\$ _____	
Maintenance	\$ _____	
Tires, misc repairs	\$ _____	
Registration/taxes	\$ _____	
Cab, bus, private rides	\$ _____	

Parking	\$ _____	
Tolls	\$ _____	
FOOD		
Groceries	\$ _____	<i>(Groceries may include non-food items)</i>
Dining out	\$ _____	
Meals at work and/or school	\$ _____	
Snacks, misc.	\$ _____	
UTILITIES & SERVICES		
Gas	\$ _____	
Electric	\$ _____	
Water	\$ _____	
Garbage pickup	\$ _____	
Home telephone (land line)	\$ _____	
Cell phones/pager/other wireless	\$ _____	
Cable or satellite	\$ _____	
Internet service	\$ _____	
Phone & Internet combined	\$ _____	
Cable, phone & Internet combined	\$ _____	
Other (explain)	\$ _____	
CLOTHING		
Clothes, shoes, socks, underwear, hats, coats, gloves, personal, special needs, etc., for the whole family.	\$ _____	<i>(Estimate all clothing costs for one entire year, and divide that by 12 to get a monthly average.)</i>
INSURANCE		
Automobile <i>(list here, even if it was discussed in the Vehicle form)</i>	\$ _____	<i>If your policy has lapsed, but you still have the car(s), list the most recent rate.</i>
Homeowner's insurance	\$ _____	<i>(Only if you pay the premium directly; if it's included in your mortgage payment, skip this line.)</i>
Renter's insurance	\$ _____	

Life	\$ _____	<i>(Only if you pay the premium directly; if it comes out of your paycheck, skip this line.)</i>
Health/medical	\$ _____	<i>(Only if you pay the premium directly; if it comes out of your paycheck, skip this line.)</i>
Business-related	\$ _____	<i>(Only if you pay the premium directly; if it comes out of your paycheck, skip this line.)</i>
Burial/other insurance	\$ _____	
TAXES		
IRS <i>(If monthly payment amount is known, list that. If not known, estimate the total debt and divide by 60.)</i>	\$ _____	
Local property taxes <i>(If you pay directly, add the total city and county annual taxes together, and divide that total by 12.)</i>	\$ _____	<i>(Only if you pay the taxes directly; if they are included in your mortgage payment, skip this line.)</i>
Income taxes from other state	\$ _____	State: _____
MEDICAL, DENTAL, OPTICAL <i>(Only list your co-pay and out-of-pocket expenses. Do not count anything that is covered by insurance, or that is paid by someone else.)</i>		
Prescriptions:	\$ _____	Explain: _____ _____
Over-the-counter meds <i>(Only if not included in the grocery category, above.)</i>	\$ _____	Explain: _____ _____
Doctors <i>(even if you don't have a regular doctor visit, if someone in your family tends to see the doctor occasionally, state a fair monthly average.)</i>	\$ _____	Explain: _____ _____ _____
Lab work	\$ _____	
Dental (including anticipated expenses)	\$ _____	
Optical (glasses, contacts, related items)	\$ _____	
CHILD CARE/SENIOR CARE		

Day care/sitters (<i>Including informal arrangements</i>)	\$ _____	Explain: _____ _____
Diapers, formula, related supplies (<i>if not included in groceries, above.</i>)	\$ _____	
Before care/after care	\$ _____	
Summer camps, scouting, etc.	\$ _____	
Special needs	\$ _____	Explain: _____ _____

CHURCH & CHARITY (<i>State how much you have really been giving lately. Do not include anything that is coming out of your paycheck.</i>)		
Church (<i>If more than \$200/month, bring canceled checks and/or a recent statement from your church.</i>)	\$ _____	
Recognized charity (<i>United Way; St. Jude; Firemen/Police, etc.</i>)	\$ _____	Explain: _____ _____
Neighborhood group or local charity	\$ _____	Explain: _____ _____

SCHOOL/EDUCATION		
Tuition for yourself (<i>College, continuing education, etc.</i>)	\$ _____	Explain: _____ _____
Expenses for yourself (<i>Books, supplies, equipment, parking, etc.</i>)	\$ _____	
Tuition for children under 18	\$ _____	
Expenses for children under 18 (<i>Books, supplies, equipment, etc.</i>)	\$ _____	
Tuition for children over 18	\$ _____	Explain: _____ _____
Expenses for children over 18 (<i>Books, supplies, equipment, etc.</i>)	\$ _____	Explain: _____ _____
Children's sports & extracurricular activities	\$ _____	Explain: _____ _____
Other	\$ _____	Explain: _____ _____

COURT-ORDERED (Or voluntary)		<i>(If voluntary, please say so in this column. Also, if this support payment is already coming out of your paycheck, please note that here.)</i>
Child support: ongoing every: <input type="checkbox"/> month; <input type="checkbox"/> week; <input type="checkbox"/> 2 weeks; <input type="checkbox"/> semi-monthly	\$_____	<i>(If more than one, add them together for now, and make a note here.)</i>
Child support: arrearage every: <input type="checkbox"/> month; <input type="checkbox"/> week; <input type="checkbox"/> 2 weeks; <input type="checkbox"/> semi-monthly	\$_____	
Alimony	\$_____	
Criminal restitution	\$_____	
INSTALLMENTS, LEASES AND RENT-TO-OWN (please state exact items)	(If not monthly, please note the schedule here)	
Furniture #1	\$_____	Creditor:
Appliance(s) #1	\$_____	Creditor:
Electronics #1	\$_____	Creditor:
Student Loan #1	\$_____	Creditor:
Student Loan #2	\$_____	Creditor:
Vehicle # 1 payment	\$_____	Creditor:
Vehicle # 2 payment	\$_____	Creditor:
ENTERTAINMENT & RECREATION		<i>(Yes, it's okay to spend a little money on these things!)</i>
Books, newspapers, magazines	\$_____	
Movies (buy, rent or attend)	\$_____	
Sporting events	\$_____	

Hobbies	\$_____	
Club dues (including gym or spa)	\$_____	
Cigarettes/tobacco	\$_____	
Alcohol	\$_____	
Lottery/casinos/bingo, etc.	\$_____	
Vacations/travel (if not already included in other categories, above)	\$_____	
Other	\$_____	Explain:_____

MISCELLANEOUS <i>(Things not already included above)</i>		
Work requirements (<i>clothes, tools, union or professional dues that are not already reflected in your paycheck</i>)	\$_____	Explain:_____ _____ _____
Laundry/dry cleaning	\$_____	
Hair cuts, hair care, nails, etc.	\$_____	
Bank service charges, postage, tax preparation	\$_____	
Pet care, pet food, vet, etc.	\$_____	
Savings, reserve	\$_____	
Christmas, birthdays, other presents	\$_____	
Other	\$_____	Explain:_____ _____
Other	\$_____	Explain:_____ _____