

MONTHLY EXPENSES

Complete the following detailed list of your average monthly household expenses:

EXPENDITURES (monthly)

Home expenses:

First Mortgage payment \$ _____
Second Mortgage payment \$ _____
Are real estate taxes included _____
Is property insurance included _____

**If you are not current with your mortgage payments,
how many payments are you behind?

First mortgage _____
Second mortgage _____

Rent \$ _____

Home Maintenance \$ _____

Utilities:

Electricity \$ _____
Gas/Heating fuel \$ _____
Water/sewer \$ _____
Telephone \$ _____
Cellular Phone \$ _____
Garbage \$ _____
Security \$ _____
Cable \$ _____
Internet \$ _____
Other (specify) \$ _____

Food \$ _____

Clothing \$ _____

Laundry/dry cleaning \$ _____

Medical, dental and medicines \$ _____

**Take into consideration your medical expenses, including visits to your doctor and dentist, outpatient care, drugs and insurance co-pay or deductibles on an annual basis and divide by 12 to get a monthly amount. Do not forget to include prescriptions you must take each month

Transportation (gas, etc.-not including auto payments) \$ _____

Newspapers, periodicals, books,
recreation, clubs and entertainment \$ _____

Charitable contributions \$ _____

Insurance (not deducted from wages or included in mortgage payments)

Homeowners/renters \$ _____
Life \$ _____
Health \$ _____
Automobile \$ _____
Other (specify) \$ _____

**Taxes (not deducted from wages or included in home loan payment
or included in real estate taxes)(specify)**

Real Estate Taxes \$ _____
Auto Taxes \$ _____
Other Taxes (Type of tax? _____) \$ _____

Alimony, maintenance or support \$ _____
(List name, age, and relationship of beneficiaries)

Daycare \$ _____

Installment payments

First Auto payment \$ _____
Second Auto payment \$ _____
Third Auto payment \$ _____

**If you are not current with your auto payments,
how many payments are you behind?

First auto _____
Second auto _____
Third auto _____

Furniture payments \$ _____

Jewelry payment \$ _____

Back taxes to IRS, State or other gov. \$ _____

Other (specify) \$ _____

Other Household Expenses

Amount	Expense Item	Expense is Necessary if:
	Accounting and legal fees.	Amount must be reasonable. This amount should be the amount paid on regular basis for these services.
	Dependent Care <i>(For the care of the elderly, invalid, or handicapped.)</i>	If there is no alternative to the taxpayer paying the expense.
	Education	It is required for a physically or mentally challenged child and no public education providing similar services is available. Also allowed only for the taxpayer and only if required as condition of employment.
	Involuntary Deductions	If it is a requirement of the job; i.e. union dues, uniforms, work shoes.
	Student Loans	Only for the taxpayer's education or on which the debtor is legally responsible or obligated to pay.
	School costs for children	Provide a detailed itemization of the monthly expense – do not include school lunch expenses in this total:
	Monthly prescriptions	Provide a detail of the prescriptions, who takes them and the monthly cost for each description:
	Please list any other regular expenses that are not covered by the above monthly budget or in this chart. Provide the reason for the monthly expense.	