



AVERAGE CURRENT MONTHLY LIVING EXPENSES

Client(s) _____ Date _____

Rent or Home Mortgage Payment
(Include Lot Rent for Mobile Home) _____ \$ _____
 Does Mortgage Include Taxes _____? Insurance _____?

Utilities

Electricity _____ \$ _____
 Heating Fuel _____ \$ _____
 Telephones _____ \$ _____
 TV Cable / Satellite / Internet _____ \$ _____
 Water / Sewer / Garbage _____ \$ _____
 Other _____ \$ _____

Home Maintenance _____ \$ _____
 Food *(Do Not Include Non-Food Items)* _____ \$ _____
 Clothing _____ \$ _____
 Laundry and Dry Cleaning _____ \$ _____
 Health Care Costs *(Except Health Ins. & Existing Bills)* _____ \$ _____
 Transportation *(Vehicle Fuel, Oil, Maintenance)* _____ \$ _____
 General Recreation and Miscellaneous _____ \$ _____
 Charities or Religious Donations _____ \$ _____

Insurance Not Deducted from Wages/Income

Homeowners or Renter's _____ \$ _____
 Life _____ \$ _____
 Health _____ \$ _____
 Vehicle _____ \$ _____
 Other _____ \$ _____

Taxes *(Not Deducted From Income or Included in Mortgage)*
 Specify Type of Taxes _____ \$ _____

Installment Payments on Secured Debts

Vehicle _____ \$ _____
 Vehicle _____ \$ _____
 Vehicle _____ \$ _____
 Vehicle _____ \$ _____
 Vehicle _____ \$ _____
 Other _____ \$ _____
 Other _____ \$ _____
 Other _____ \$ _____

Child Support _____ \$ _____
 Spousal Support *(Alimony)* _____ \$ _____
 Support Paid to Any Others *(Specify)* _____ \$ _____

Household and Personal
(Cosmetics, Haircare, Cleaning Supplies, Etc.) _____ \$ _____
 Leases or Rent-to-Own Payments _____ \$ _____
 Leases or Rent-to-Own Payments _____ \$ _____
 Daycare _____ \$ _____
 Baby Needs _____ \$ _____
 Other _____ \$ _____

Total Household Expenditures _____ \$ _____

Add Regular Average Monthly Expenses
 from Operation of Business _____ \$ _____

Grand Total All Expenditures _____ \$ _____

Do you expect any significant changes in any of this in the foreseeable future?

