

Estimated Current Monthly Living Expenses

Name _____

Date: _____

Please list Dependents below, if any, then complete the rest of the form.

Names:

	Age:	DOB:
	Age:	DOB:
	Age:	DOB:

<u>Housing</u>	<u>Transportation</u>	
Rent () Mortgage ()	Car Payments	
Real Estate Taxes	Insurance	
Insurance	Gas/Oil	
Repair/Upkeep & Pest	Repairs	
Yard Maintenance	Personal Property Tax	
Dues	Tags & Stickers	
<u>Utilities</u>	<u>Medical</u>	
Telephone / cell phone	Doctors (EST.)	
Electricity/ Water/Sewer/Trash	Dentists (EST.)	
Gas/Oil	Counselors	
Cable / Internet	Health Insurance	
	Medicines	
<u>Household</u>	Glasses/Contacts	
Groceries		
Meals Out	<u>Miscellaneous</u>	
Supplies	Recreation	
Laundry/Cleaning	Vacations/Trips	
Clothing	Charitable Contributions	
Furniture	Gifts (Christmas, B-Day, Wedding)	
Newspapers, Magazines	Dues (Union/Club)	
Haircuts, Nails, Cosmetics, etc	Animals	
Home office/ Computer	Classes	
<u>Children's Expenses</u>		
Work Related Child Care	<u>Credit Card(s)</u>	
Allowances		
School Lunches		
Misc. School Expenses		
<u>Financial</u>		
Safe Deposit Box/ Bank fees		
Taxes	GRAND TOTAL	

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EARNINGS: (attach current pay stub) Check how often you are paid:
 () Weekly () Bi-Weekly () Semi-Monthly () Monthly
 Gross: _____ Total Deductions: _____ Net: _____
 OTHER INCOME (state source & amount) _____
 GROSS MONTHLY INCOME FROM ALL SOURCES: _____