

EXPENSE WORKSHEET

Please list all of your average monthly expenses. This does not include items already deducted from your paycheck. Please use an average amount if the expense varies from month to month. If a bill is not paid monthly, please specify how often it is paid.

a) Rent/Mortgage payment	\$ _____		
Are real property taxes included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List expense if not included:	\$ _____
Is property insurance included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List expense if not included:	\$ _____ (renter's insurance)
Home maintenance/repairs/upkeep	\$ _____		
HOA or condominium dues	\$ _____		
b) Additional mortgage payments/equity loans	\$ _____		
c) Utilities:		o) Payments for alimony,	
Electricity/heat/natural gas	\$ _____	maintenance, or support	\$ _____
Water/sewer/garbage	\$ _____	Name/address of recipient:	_____
Cell phone	\$ _____		_____
Internet/satellite/cable	\$ _____		_____
Other (specify)	\$ _____		_____
d) Food/housekeeping supplies (include cleaning products)	\$ _____	Recipient's phone number:	_____
e) Childcare/children's education	\$ _____	Age of child:	_____
f) Clothing/laundry/dry cleaning	\$ _____	p) Other support payments	\$ _____
g) Personal care products/services (shampoo/conditioner/lotions)	\$ _____	q) Other property expenses (additional/rental/investment)	
h) Medical and dental expenses	\$ _____	Mortgage	\$ _____
i) Transportation (include gas, oil, maintenance, & repairs)	\$ _____	Real estate taxes	\$ _____
j) Entertainment/recreation	\$ _____	Insurance	\$ _____
k) Charitable contributions	\$ _____	Maintenance/repair	\$ _____
l) Insurance (not deducted from pay)		HOA	\$ _____
Life insurance	\$ _____	Other (specify)	\$ _____
Health insurance	\$ _____	r) Haircuts	\$ _____
Vehicle insurance	\$ _____	s) Pet expenses	\$ _____
Other insurance (specify)	\$ _____	t) Cigarettes	\$ _____
m) Other tax (specify)	\$ _____	Any other expenses not listed above?	
n) Installment/lease payments		1. _____	\$ _____
Car payment	\$ _____	2. _____	\$ _____
Car payment	\$ _____	3. _____	\$ _____
Other (furniture/shed)	\$ _____	4. _____	\$ _____
		5. _____	\$ _____

**** If your spouse is not filing with you, please attach a list of all of their monthly debt payments and expenses not shown above so that we can create an accurate household budget. Please include any debt payments paid by your spouse with monthly payment and payoff balance owed so that we can properly account for all expenses of your household. ****