

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. If your spouse is not filing with you, please attach a list of all of their monthly debt payments and expenses not shown below 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.

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:		Other (furniture/shed) \$ _____
Electricity/heat/natural gas	\$ _____	
Water/sewer/garbage	\$ _____	
Cell phone	\$ _____	
Internet/satellite/cable	\$ _____	
Other (specify)	\$ _____	
d) Food/housekeeping supplies (include cleaning products)	\$ _____	
e) Childcare/children's education	\$ _____	
f) Clothing/laundry/dry cleaning	\$ _____	
g) Personal care products/services (shampoo/conditioner/lotions)	\$ _____	
h) Medical and dental expenses	\$ _____	
i) Transportation (include gas, oil, maintenance, & repairs)	\$ _____	
j) Entertainment/recreation	\$ _____	
k) Charitable contributions	\$ _____	
l) Insurance (not deducted from pay)		
Life insurance	\$ _____	
Health insurance	\$ _____	
Vehicle insurance	\$ _____	
Other insurance (specify)	\$ _____	
m) Other tax (specify)	\$ _____	
n) Installment/lease payments		
Car payment	\$ _____	
Car payment	\$ _____	
		o) Payments for alimony, maintenance, or support \$ _____
		Name/address of recipient: _____

		Recipient's phone number: _____
		Age of child: _____
		p) Other support payments \$ _____
		q) Other property expenses (additional/rental/investment)
		Mortgage \$ _____
		Real estate taxes \$ _____
		Insurance \$ _____
		Maintenance/repair \$ _____
		HOA \$ _____
		Other (specify) \$ _____
		r) Haircuts \$ _____
		s) Pet expenses \$ _____
		t) Cigarettes \$ _____
		Any other expenses not listed above?
		1. _____ \$ _____
		2. _____ \$ _____
		3. _____ \$ _____