

NAME: _____

DATE: _____

MONTHLY LIVING EXPENSES

RENT or HOUSE PAYMENT

(1st lien) \$ _____
(2nd lien) \$ _____
(3rd lien) \$ _____

TOTAL \$ _____

Are you behind on any house payments? If yes, how many? _____

UTILITIES

(Electric) \$ _____
(Water) \$ _____
(Heat/Gas) \$ _____
(Phone) \$ _____
(Cable TV) \$ _____
(Internet Service) \$ _____
(Security) \$ _____
(Other) \$ _____

TOTAL UTILITIES \$ _____

HOME MAINTENANCE \$ _____

FOOD \$ _____

CLOTHING \$ _____ LAUNDRY/CLEANING \$ _____

CHARITABLE CONTRIBUTIONS \$ _____

READING, SCHOOL BOOKS, NEWSPAPERS & MAGAZINES \$ _____

MEDICAL (not covered by insurance) \$ _____

DENTAL \$ _____ PRESCRIPTIONS \$ _____

GASOLINE \$ _____ TIRES \$ _____ OIL/REPAIRS \$ _____

RECREATION / ENTERTAINMENT \$ _____ DAYCARE \$ _____

CHILD SUPPORT or ALIMONY \$ _____

INSURANCE (not deducted from wages or included in house payment)

(Auto) \$ _____ (Life) \$ _____
(Health) \$ _____ (Home) \$ _____
(Other) \$ _____

TOTAL INSURANCE \$ _____

TOTAL estimated future monthly expenses \$ _____