

Current Household Expenses

Do you and your spouse maintain separate households? No Yes. If so and you are filing jointly, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month...

- 1. Your Rent or Your Home Mortgage \$ _____
Does that amount include real estate taxes? No Yes
Does it include property insurance? No Yes
- 2. electricity and heating \$ _____
- 3. water and sewage \$ _____
- 4. telephone service (home land-line and long distance) \$ _____
- 5. Do you have any other utility bills?
If so, what, and how much per month? \$ _____
- Cell Phones \$ _____
- Garbage (if not in water & sewage above) \$ _____
- Cable TV or Satellite Service for TVs \$ _____
- Bundle for Cable, Internet and Telephone (breakdown below) \$ _____
 - Cable: \$ _____
 - Internet: \$ _____
 - Telephone: \$ _____
- 6. Home maintenance, including repairs and general upkeep \$ _____
- 7. Food (groceries, dining out, school lunches, snacks) \$ _____
- 8. Clothing (average for each month) \$ _____
- 9. laundry and dry cleaning \$ _____
- 10. medical and dental expenses not covered by insurance \$ _____
- 11. transportation (gas, repairs, maint.) \$ _____

- 12. entertainment, recreation, newspapers, magazines \$ _____
- 13. Charitable contributions (includes tithing) \$ _____
- 14. Insurance not deducted from paycheck \$ _____
 - a) Homeowner's or renter's
 - b) Life Insurance
 - c) Health insurance \$ _____
 - d) Auto insurance \$ _____
 - e) Other insurance \$ _____
 - f) Term Life Insurance \$ _____
 - g) Universal or Whole Life Insurance \$ _____
- 15. Taxes not deducted from paycheck (e.g., property taxes, car tags) \$ _____
- 16. Installment payments for car, furniture, etc. (Specify)
 - Car #1 \$ _____
 - Car #2 \$ _____
- 17. Alimony, maintenance, support paid to others \$ _____
- 18. Payments for support of dependents not living at home \$ _____
- 19. Education necessary to maintain employment \$ _____
- 20. Education for a physically or mentally challenged child \$ _____
- 21. Childcare \$ _____
- 22. Disability insurance (if not listed on line 14) \$ _____
- 23. Health savings accounts \$ _____

24. Care for elderly, chronically ill, or disabled family members \$ _____
25. Protection from family violence \$ _____

26. Education expense for your children under 18 \$ _____
27. Non-mandatory contributions to retirement accounts (including loan repayment)

28. Other expenses not listed above

Gifts to Family (Year / 12)	\$ _____
Hair Care	\$ _____
Pet care	\$ _____
Pest Control	\$ _____
Security System	\$ _____
Home Owners Association Dues	\$ _____
Alcohol and Tobacco	\$ _____
Baby expenses: diapers, formula, etc.	\$ _____
Personal care products and services	\$ _____