

Monthly Expense Sheet

The following questions are for you expenses each month, including the expenses you have for the care of dependents such as children who live with you. If you and your spouse live together and share expenses, please do your best to list the expenses that you are responsible for. If you and your spouse share household expenses equally, please divide all expenses in half to figure out your expenses.

Rent	\$ _____
Mortgage	\$ _____
Common Charges, HOA Fees, or Co-Op Maintenance:	\$ _____
Real estate taxes	\$ _____
Electricity	\$ _____
Gas for heat or cooking	\$ _____
Water/sewer	\$ _____
Home Phone (if not part of cable/satellite)	\$ _____
Cell Phone	\$ _____
Cable/Satellite	\$ _____
Internet access (if not part of cable/satellite)	\$ _____
Monthly Food Expenses:	\$ _____
Clothing:	\$ _____
Laundry and Dry Cleaning:	\$ _____
Regular medical/dental expenses and medications:	\$ _____
Health Insurance Premiums:	\$ _____
Taxis, Buses, Transportation (not including car)	\$ _____
Car finance or Lease:	\$ _____
Gasoline for Car:	\$ _____
Car Insurance:	\$ _____
Entertainment, recreation, newspapers, magazines:	\$ _____
Religious contributions	\$ _____
Other charitable contributions:	\$ _____
Renter's insurance:	\$ _____
Life Insurance Premiums:	\$ _____
Disability Insurance Premiums:	\$ _____
Payments to taxing authorities for past due taxes:	\$ _____
Haircuts, manicures, pedicures, etc.:	\$ _____
Child care expenses (baby sitter, nursery school, etc.)	\$ _____
Tuition for yourself (if you are in school):	\$ _____

Out-of-Pocket Tuition For Your Child:	\$ _____
Other (Explain: _____)	\$ _____
Other (Explain: _____)	\$ _____
Other (Explain: _____)	\$ _____
Other (Explain: _____)	\$ _____
Other (Explain: _____)	\$ _____
Other (Explain: _____)	\$ _____
Other (Explain: _____)	\$ _____

If you have proof of the expenses listed on the budget (excluding groceries, personal care items, and gasoline) then please provide documentation in case we need it.