

Monthly Income and Expenses of _____

Date: _____

Complaint #. _____

| | |
|--------------|-------|
| Employed By | _____ |
| City & State | _____ |
| Occupation | _____ |
| Pay Period | _____ |
| Next Payday | _____ |
| Salary/Wage | _____ |
| # Exemptions | _____ |

| Children in Household | |
|-----------------------|-----|
| Name | Age |
| | |
| | |
| | |
| | |
| | |

| | |
|------------------------------------|-------|
| Average Gross Pay per Month | _____ |
| LESS: Federal Taxes | _____ |
| State Taxes | _____ |
| FICA | _____ |
| Health Insurance | _____ |
| Life Insurance | _____ |
| Required Retirement | _____ |
| Average Monthly Net Pay | _____ |
| Other Income | _____ |
| MONTHLY NET INCOME | _____ |

Household

| | |
|----------------------------|-------|
| Mortgage (PITI) or Rent | _____ |
| Real Estate Property Taxes | _____ |
| Homeowner's Insurance | _____ |
| Repairs/Maintenance | _____ |
| Furniture/Furnishings | _____ |

Utilities

| | |
|-----------------|-------|
| Electricity | _____ |
| Gas/Heating Oil | _____ |
| Water/Sewer | _____ |
| Telephone | _____ |
| Trash | _____ |
| Cable TV | _____ |

Food

| | |
|-----------|-------|
| Groceries | _____ |
| Lunches | _____ |

Automobile

| | |
|------------------------------|-------|
| Payment/Depreciation | _____ |
| Gasoline | _____ |
| Repair/Tags/Inspection, etc. | _____ |
| Auto Insurance | _____ |
| Parking/Other Transportation | _____ |
| Personal Property Tax | _____ |

Childcare Expenses

| | |
|-----------------|-------|
| Child Care | _____ |
| School Tuition | _____ |
| Lunch Money | _____ |
| School Supplies | _____ |
| Lessons/Sports | _____ |
| New Clothing | _____ |
| | _____ |
| | _____ |

Fixed Debts with Payments

Balance Mo. Pmt.

| | | |
|--|-------|-------|
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

Charge Account Debt

| | | |
|--|-------|-------|
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

Clothing

| | |
|--------------------------|-------|
| New (Excluding Children) | _____ |
| Cleaning/Laundry | _____ |
| Uniforms | _____ |

Health Expenses

| | |
|------------|-------|
| Doctor | _____ |
| Dentist | _____ |
| Therapist | _____ |
| Eyeglasses | _____ |
| Hospital | _____ |
| Medicines | _____ |
| Other | _____ |

Dues

| | |
|---------------------------|-------|
| Professional Associations | _____ |
| Social Associations | _____ |
| Homeowner's Association | _____ |

Miscellaneous

| | |
|------------------------|-------|
| Gifts (Xmas, Birthday) | _____ |
| Church/Charity | _____ |
| Entertainment | _____ |
| Vacations | _____ |
| Hobbies | _____ |
| Personal Grooming | _____ |
| Newspaper/Magazines | _____ |
| Disability Insurance | _____ |
| Life Insurance | _____ |
| Legal Expenses | _____ |

Totals Per Month

| | |
|-------------------------|-------|
| Subtotal Expenses | _____ |
| Subtotal Debt Payments | _____ |
| TOTAL EXPENSES | _____ |
| TOTAL NET INCOME | _____ |
| BALANCE (+) | _____ |
| BALANCE (-) | _____ |

Liquid Assets on Hand

| | |
|----------------------------|-------|
| Cash/Checking/Savings | _____ |
| Other Liquid Assets | _____ |
| TOTAL LIQUID ASSETS | _____ |

Submitted By: _____