

INCOME AND EXPENSE WORKSHEET

Name:

Directions: Please complete each blank on this form. If you have a child or children, you will list their expenses in a separate column. For items which do not apply to you, please mark N/A. This form is based on **Average Monthly Expenses**.

Please attached a copy of:

- Three (3) most recent paycheck stub/pay advice or other source of income you receive.
- Last paycheck stub/pay advice for last year.
- Last year's Tax Return, W-2s, 1099s.

MONTHLY INCOME

Indicate how often you get paid:

WEEKLY

EVERY TWO WEEKS

BI-MONTHLY
(1ST & 15TH)

MONTHLY

Salary and Wages, including commissions,
bonuses, allowance, and overtime

Pensions and retirement

Social Security

Disability and unemployment insurance

Public Assistance, SNAP Benefits

Dividends and interest

Rental Income

Other Income (source) Source Name

Other Income (source) Source Name

Other Income (source) Source Name

MONTHLY EXPENSES

HOUSEHOLD:

HOUSEHOLD 1

HOUSEHOLD 2

House Note/Rent

<u>Mortgage Company Name</u>	<u>Loan Number</u>
<u>Mortgage Balance Owed</u>	<u>Equity</u>

Real Estate Tax

Homeowners/Renters Insurance

HOA Fees

Electricity

Gas (Residence)

Water, Sewer, Etc.

Internet

Trash

Maintenance (Home/Residence)

Maid/Household Help/Nanny

Lawn Maintenance

Home Telephone

Cellphone

Tablet/Laptop Service

Cable/Satellite

Amazon Prime

Apple TV

Disney +

Hulu

Netflix

Paramount

Peacock

YouTube TV

Other Streaming Services Names

Online Gaming Subscription

Pest Control

Alarm System/Cameras

Other Household Expense

Other Household Expense

Other Household Expense

Other Household Expense

Other Household Expense

Other Household Expense

Other Household Expense

LIVING EXPENSES:

Groceries

Household Supplies

Newspapers/Magazines/Subscriptions

Charitable Contributions (Tithes, etc.)

Clothing (average monthly)

Laundry/Dry Cleaning (not grocery/supplies)

Work Lunches

Family Recreation

Hair Cuts/Beauty Parlor

Personal Hygiene

Cosmetics

Holiday/Birthday Presents

Pets (food, vaccinations, veterinary, etc.)

Other Living Expense:

Other Living Expense:

Other Living Expense:

Other Living Expense:

Other Living Expense:

Other Living Expense:

Other Living Expense:

Other Living Expense:

Other Living Expense:

Other Living Expense:

Other Living Expense:

TRANSPORTATION EXPENSES:

Car Note

<u>Name of Creditor</u>		<u>Account Number</u>	<u>Balance Owed</u>
<u>Year</u>	<u>Make</u>	<u>Model</u>	

Car Note

<u>Name of Creditor</u>		<u>Account Number</u>	<u>Balance Owed</u>
<u>Year</u>	<u>Make</u>	<u>Model</u>	

Motorcycle/Boat/Camper/ATV Note.....

<u>Name of Creditor</u>		<u>Account Number</u>	<u>Balance Owed</u>
<u>Year</u>	<u>Make</u>	<u>Model</u>	

Motorcycle/Boat/Camper/ATV Note.....

<u>Name of Creditor</u>		<u>Account Number</u>	<u>Balance Owed</u>
<u>Year</u>	<u>Make</u>	<u>Model</u>	

Car/Motorcycle/Boat/Camper/AVT Insurance

Gasoline

Registration/Inspection

Routine Maintenance

Other Transportation Expense

Other Transportation Expense

Other Transportation Expense

HEALTHCARE:

Healthcare Insurance (not deducted from pay) ...

Dental (not deducted from pay).....

Hospital (not deducted from pay).....

Vision (not deducted from pay).....

Life Insurance (not deducted from pay)

Drugs/Medication (prescription/non-prescription)

Other Healthcare Expense.....

Other Healthcare Expense.....

Other Healthcare Expense.....

Other Healthcare Expense.....

CHILDREN:

School Tuition/Fees

School Books/Supplies

School Uniforms

School Lunches

Transportation

Baby Sitting/Daycare

Allowance/Spending Money.....

Child(ren) Clothing (monthly average)

Extra-Curricular School

(band, school sports, clubs, etc.)

Extra-Curricular Non-School.....

(rec league, church league, dance, club sports teams, lessons, etc.)

Child Automobile:

Car Note

<u>Name of Creditor</u>		<u>Account Number</u>	<u>Balance Owed</u>
<u>Year</u>	<u>Make</u>	<u>Model</u>	

Car Insurance

Gasoline

Child Cellphone Service

Child Tablet Service

Child Medical:

Doctor

Dentist

Drugs (prescription/non-prescription).....

Orthodontist

Other Child Expense

Other Child Expense

Other Child Expense

Other Child Expense

Other Child Expense

Other Child Expense

Other Child Expense

