

NAME: _____

INCOME AND EXPENSE WORKSHEET

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 MONTHLY
(1ST & 15TH)

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

Net Pay _____

Pensions and retirement

Amount _____

Social Security

Amount _____

Disability and unemployment insurance

Amount _____

Public Assistance

Amount _____

Dividends and interest

Amount _____

Rental Income

Amount _____

Other Income (source) _____

Amount _____

Other Income (source) _____

Amount _____

Other Income (source) _____

Amount _____

Other Income (source) _____

Amount _____

Other Income (source) _____

Amount _____

Other Income (source) _____

Amount _____

MONTHLY EXPENSES

HOUSEHOLD

HOUSEHOLD 1

HOUSEHOLD 2

House Note/Rent.....\$ _____

\$ _____

<u>Mortgage Company Name</u>	<u>Loan Number</u>
<u>Mortgage Balance</u> \$ _____	<u>Balance Owed</u> \$ _____

Real Estate Tax\$ _____

\$ _____

Homeowners/Renters Insurance\$ _____

\$ _____

HOA\$ _____

\$ _____

Electricity\$ _____

\$ _____

Gas (Residence)\$ _____

\$ _____

Water, Sewer, Etc.\$ _____

\$ _____

Internet\$ _____

\$ _____

Trash\$ _____

\$ _____

Maintenance (Home/Residence).....\$ _____

\$ _____

Maid/Household Help/Nanny\$ _____

\$ _____

Lawn Maintenance.....\$ _____

\$ _____

Telephone.....\$ _____

\$ _____

Cellphone\$ _____

\$ _____

Tablet/laptop service.....\$ _____

\$ _____

Maintenance (Home/Residence).....\$ _____

\$ _____

Cable/Satellite.....\$ _____

\$ _____

Amazon Prime\$ _____

\$ _____

Apple TV	\$ _____	\$ _____
Disney +	\$ _____	\$ _____
Hulu.....	\$ _____	\$ _____
Netflix	\$ _____	\$ _____
Paramount	\$ _____	\$ _____
Peacock	\$ _____	\$ _____
YouTube TV	\$ _____	\$ _____
Other Streaming Services	\$ _____	\$ _____
Pest Control.....	\$ _____	\$ _____
Alarm System.....	\$ _____	\$ _____
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.).....	\$ _____	\$ _____
Online Gaming Subscriptions.....	\$ _____	\$ _____
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\$ _____

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\$ _____

