

Name: \_\_\_\_\_

## INCOME AND EXPENSE FORM

Directions: Please complete each blank on this form. If you have a child or children, combine the expenses for you and your child or children. For items, which do not apply to you, please mark N/A. This form is based on **Average Monthly Expenses**.

### MONTHLY INCOME

It is very important that you circle how often you get paid:

WEEKLY / EVERY TWO WEEKS / BI-MONTHLY / MONTHLY  
(1<sup>ST</sup> & 15<sup>TH</sup>)

Salary and Wages, including commissions, bonuses, allowance, and overtime                      Net Pay \_\_\_\_\_

Pensions and retirement                      Amount \_\_\_\_\_

Social Security                      Amount \_\_\_\_\_

Disability and unemployment insurance                      Amount \_\_\_\_\_

Dividends and interest                      Amount \_\_\_\_\_

Rental Income                      Amount \_\_\_\_\_

Other Income (source) \_\_\_\_\_                      Amount \_\_\_\_\_

Other Income (source) \_\_\_\_\_                      Amount \_\_\_\_\_

Please attached a copy of:

- **Three (3) most recent paycheck stubs** or other source of income you receive.
- Last year's Tax Return, W-2s, 1099s

**MONTHLY EXPENSES**

HOUSEHOLD

House Note/Rent..... \_\_\_\_\_

Real Estate Tax ..... \_\_\_\_\_

Homeowners/Renters Insurance ..... \_\_\_\_\_

Utilities

Electricity ..... \_\_\_\_\_

Gas ..... \_\_\_\_\_

Water..... \_\_\_\_\_

Internet ..... \_\_\_\_\_

Trash ..... \_\_\_\_\_

House Telephone ..... \_\_\_\_\_

Cellphone ..... \_\_\_\_\_

Tablet/laptop service..... \_\_\_\_\_

Cable and Entertainment

Cable or Satellite..... \_\_\_\_\_

Netflix ..... \_\_\_\_\_

Amazon Prime ..... \_\_\_\_\_

Hulu..... \_\_\_\_\_

Disney+ ..... \_\_\_\_\_

Other streaming service ..... \_\_\_\_\_

Pest Control..... \_\_\_\_\_

Alarm System..... \_\_\_\_\_

Home Maintenance ..... \_\_\_\_\_

Maid/Household Help ..... \_\_\_\_\_

Lawn Maintenance ..... \_\_\_\_\_

TRANSPORTATION EXPENSE

Car Note ..... \_\_\_\_\_

    Name of creditor \_\_\_\_\_

    Balance Owed \_\_\_\_\_

    Year, Make, and Model \_\_\_\_\_

Car/Motorcycle/Boat/Camper Insurance ..... \_\_\_\_\_

Gasoline ..... \_\_\_\_\_

Registration/Inspection ..... \_\_\_\_\_

Routine Maintenance ..... \_\_\_\_\_

HEALTHCARE

Healthcare Insurance ..... \_\_\_\_\_  
(not deducted from pay)

Dental ..... \_\_\_\_\_

Hospital ..... \_\_\_\_\_

Vision ..... \_\_\_\_\_

Life Insurance ..... \_\_\_\_\_  
(not deducted from pay)

Drugs (not deducted from pay) ..... \_\_\_\_\_

GENERAL/LIVING EXPENSE

Groceries ..... \_\_\_\_\_

Household Supplies ..... \_\_\_\_\_

Newspaper/Magazines ..... \_\_\_\_\_  
Charitable Contributions ..... \_\_\_\_\_  
Church/Synagogue/Mosque Donations ..... \_\_\_\_\_  
Clothing (average monthly) ..... \_\_\_\_\_  
Laundry/Dry Cleaning ..... \_\_\_\_\_  
Work Lunches ..... \_\_\_\_\_  
Family Recreation ..... \_\_\_\_\_  
Hair Cuts/Beauty Parlor ..... \_\_\_\_\_  
Personal hygiene ..... \_\_\_\_\_  
Cosmetics ..... \_\_\_\_\_  
Christmas/Birthday Presents ..... \_\_\_\_\_  
Pets (food, vaccinations, veterinary, etc.) ..... \_\_\_\_\_

CHILDREN

School Tuition/Fees ..... \_\_\_\_\_  
School Books/Supplies ..... \_\_\_\_\_  
School Uniforms ..... \_\_\_\_\_  
School Lunches ..... \_\_\_\_\_  
Transportation ..... \_\_\_\_\_  
Baby Sitting/Daycare ..... \_\_\_\_\_  
Allowance ..... \_\_\_\_\_  
Child(ren) Clothing (monthly average) ..... \_\_\_\_\_  
Extra-Curricular School ..... \_\_\_\_\_  
(band, school sports, clubs, etc)  
Extra-Curricular Non-School ..... \_\_\_\_\_

(dance, club sports teams, lessons, etc.)

Car Note ..... \_\_\_\_\_

Name of creditor \_\_\_\_\_

Balance Owed \_\_\_\_\_

Year, Make, and Model \_\_\_\_\_

Car Insurance ..... \_\_\_\_\_

Gasoline ..... \_\_\_\_\_

Cellphone ..... \_\_\_\_\_

Medical:

Doctor ..... \_\_\_\_\_

Dentist ..... \_\_\_\_\_

Drugs ..... \_\_\_\_\_

Orthodontist ..... \_\_\_\_\_

**DEBT OWED**

Charge cards, auto loans, motorcycle loans, boat/camper loans, tax debt, finance companies, and other debts not listed above. Please indicate approximate balance owed on all debts and list the year, make, and model on all auto, motorcycle, boat or camper loans.

Name of Creditor	Balance Owed	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
