

## Monthly Expenses

*For variable expenses, figure how much you typically spend in a year and divide by twelve. Medical expenses should not include insurance premiums. Do not include any expenses that are deducted from your pay. If home insurance and property taxes are included in your mortgage payment, do not list them separately.*

Mortgage/Rent.....	\$	Includes taxes and insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, specify amounts below.
Property Tax	\$	
Insurance	\$	If you have renter's insurance, include it here.
H.O.A.....	\$	
Utilities.....		Any homeowner's association dues
Electricity	\$	
Gas	\$	
Water/Sewer	\$	
Cable T.V.	\$	
Internet	\$	
Telephone.....		
Home	\$	
Mobile	\$	
Pager	\$	
Home Maintenance	\$	
Food/Toiletries.....	\$	
Clothing.....	\$	
Laundry/Dry Clean	\$	
Medical.....		Do not include monthly ins. premiums or items deducted from your pay.
Medical	\$	
Dental	\$	Regular doctor visits or other regular services paid out of pocket.
Prescriptions	\$	Regular dental visits or payments paid out of pocket.
Transportation.....	\$	Fuel, oil, registration, annual maintenance, etc. Not vehicle payments.
Recreation.....	\$	Clubs, entertainment, newspapers, magazines, etc.
Charity.....	\$	Do not include items deducted from your paycheck.
Insurance.....		Do not include if these payments are deducted from your paycheck.
Life	\$	
Auto	\$	
Health	\$	Do not list deposits for Health Savings Accounts. Please see next page.
Other	\$	<input type="checkbox"/> Check this box if you used the back or attached additional pages.
Taxes.....	\$	Do not include taxes deducted from pay or included in mortgage pmt.
Specify:		
Installments.....		<input type="checkbox"/> Check this box if you used the back or attached additional pages.
Auto 1	\$	
Auto 2	\$	
Other	\$	
Childcare.....	\$	
Support.....	\$	Alimony, maintenance, and support paid to others.
Other Support.....	\$	Support of <b>dependents not</b> living in your home (for college see next page).
Business.....	\$	Regular business expenses (see <i>Business Budget</i> or attach statement).
<b>SUB-TOTAL.....</b>	<b>\$</b>	

## Other Household Expenses (may be out of the ordinary)

Do not enter amounts for items already deducted from your paycheck or listed above. Again, for yearly or semi-annual expenses, please enter the monthly average.

Higher Education...		
College Tuition	\$	For: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
College Expenses	\$	For: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
College Sav. Plan	\$	<input type="checkbox"/> Personal or <input type="checkbox"/> State sponsored savings plans?
Private Schooling...	\$	
Special Needs.....	\$	Education for Special Needs children at home or living elsewhere.
HSA.....	\$	Health Savings Account payments.
Land Maintenance	\$	Please enter the total amount necessary to maintain any land you own. (Examples include brush clearing, well maintenance, fencing, dusting, etc.)
Land Taxes.....	\$	Taxes on land other than your homestead.
Septic.....	\$	Maintenance and repair of any septic system(s).
Bldg. Maintenance	\$	Maintenance of buildings/structures you own that are not your homestead.
Farming Vehicles...	\$	Maintenance and repair of any farming vehicles.
Farming Equip.....	\$	Tools and equipment repaired or purchased.
Other.....	\$	Specify:

\$  Specify: \_\_\_\_\_

\$  Specify: \_\_\_\_\_

\$  Specify: \_\_\_\_\_

\$  Specify: \_\_\_\_\_

**SUB-TOTAL.....** \$

<b>GRAND TOTAL</b>	\$ <input style="width: 100px;" type="text"/>	Total of "Monthly Expenses" and "Other Household Expenses"
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**Please describe any special circumstances or changes expected to occur in the next 12 months:**

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Check here if the back of this form is used, or additional pages attached.