

## Section 6 Current Expenses

Do you and your spouse maintain separate households?  No  Yes. If so, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

**Indicate how much you pay for each item each month...**

- |  |          |
|--|----------|
| 1. your rent or your home mortgage   | \$ _____ |
| Does that amount include real estate taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes |          |
| Does it include property insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes         |          |
| 2. electricity and heating   | \$ _____ |
| 3. water and sewage  | \$ _____ |
| 4. telephone service/long distance   | \$ _____ |
| 5. Do you have any other utility bills? If so, what, and how much per month?                         |          |
| _____  | \$ _____ |
| _____  | \$ _____ |
| _____  | \$ _____ |
| 6. home maintenance, including repairs and general upkeep  | \$ _____ |
| 7. food  | \$ _____ |
| 8. clothing  | \$ _____ |
| 9. laundry and dry cleaning  | \$ _____ |
| 10. medical and dental expenses  | \$ _____ |
| 11. transportation (not including car payments)  | \$ _____ |
| 12. entertainment, recreation, newspapers, magazines   | \$ _____ |
| 13. charitable contributions   | \$ _____ |
| 14. insurance not deducted from paycheck   |          |
| a) homeowner's or renter's insurance   | \$ _____ |
| b) life insurance  | \$ _____ |
| c) health insurance  | \$ _____ |
| d) auto insurance  | \$ _____ |
| e) other insurance _____   | \$ _____ |
| 15. taxes not deducted from paycheck   | \$ _____ |
| 16. installment payments for car, furniture, student loan etc. (Specify)                             |          |
| _____  | \$ _____ |
| _____  | \$ _____ |
| _____  | \$ _____ |
| 17. alimony, maintenance, support paid to others   | \$ _____ |
| 18. payments for support of dependents not living at home  | \$ _____ |
| 19. expenses from operation of business  | \$ _____ |
| <b>Additional Expenses (707(b) Expenses)</b>   |          |
| 20. mandatory payroll deductions not already listed _____  | \$ _____ |
| _____  | \$ _____ |

- 21. court ordered payments not already listed \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_
- 22. education necessary to maintain employment \$ \_\_\_\_\_
- 23. education for a physically or mentally challenged child \$ \_\_\_\_\_
- 24. childcare \$ \_\_\_\_\_
- 25. disability insurance (if not listed on line 14) \$ \_\_\_\_\_
- 26. health savings accounts \$ \_\_\_\_\_
- 27. care for elderly, chronically ill, or disabled family members \$ \_\_\_\_\_
- 28. protection from family violence \$ \_\_\_\_\_
- 29. education expense for your children under 18 (i.e. lunch/activities/fees) \$ \_\_\_\_\_
- 30. personal care (i.e. shampoo, haircuts, soap, toothpaste etc.) \$ \_\_\_\_\_
- 31. animal care (i.e. food, vet, care) \$ \_\_\_\_\_
- 32. tobacco use \$ \_\_\_\_\_
- 33. membership fees (i.e. fitness, Netflix, Hulu, Amazon, Costco, etc.) \$ \_\_\_\_\_
- 34. non-mandatory contributions to retirement accounts (including loan repayment)  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_
- 35. other expenses not listed above \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_