

**MONTHLY EXPENSE FORM**

A. RENT \_\_\_\_\_

B. HOUSE / REAL ESTATE EXPENSES

- 1. Principal, interest, insurance and taxes  
all included or if not all included: \_\_\_\_\_
  - (a) Principal and interest \_\_\_\_\_
  - (b) Real Estate Taxes \_\_\_\_\_
  - (c) Real Estate Insurance \_\_\_\_\_
- 2. Second Mortgage / Home Equity Loan \_\_\_\_\_
- 3. Neighborhood Association or other dues \_\_\_\_\_
- 4. Other related payments \_\_\_\_\_

TOTAL HOUSE / REAL ESTATE EXPENSES: \_\_\_\_\_

C. UTILITIES

- 1. Electric \_\_\_\_\_
- 2. Natural Gas \_\_\_\_\_
- 3. Oil \_\_\_\_\_
- 4. Water and Sewer \_\_\_\_\_
- 5. Garbage / Trash \_\_\_\_\_
- 6. Water Softener \_\_\_\_\_
- 7. Local/Basic Telephone \_\_\_\_\_
- 8. Long Distance Telephone \_\_\_\_\_
- 9. Cellular Phone \_\_\_\_\_
- 10. Cable / Satellite TV \_\_\_\_\_
- 11. Internet \_\_\_\_\_
- 12. Other (Specify): \_\_\_\_\_

TOTAL UTILITIES: \_\_\_\_\_

D. MISCELLANEOUS HOME EXPENSES:

- 1. Necessary painting and home repair \_\_\_\_\_
- 2. Yard maintenance \_\_\_\_\_
- 3. Snow removal \_\_\_\_\_
- 4. Newspapers / Magazines \_\_\_\_\_
- 5. Miscellaneous (i.e., pool, etc.) \_\_\_\_\_

TOTAL MISCELLANEOUS HOME EXPENSES: \_\_\_\_\_

E. TRANSPORTATION EXPENSES:

- 1. Vehicle Payments:
  - (a) Your vehicle \_\_\_\_\_
  - (b) Other vehicle (specify \_\_\_\_\_) \_\_\_\_\_
  - (c) Other vehicle (specify \_\_\_\_\_) \_\_\_\_\_
- 2. Gas and oil \_\_\_\_\_
- 3. Repairs / Maintenance \_\_\_\_\_
- 4. Insurance \_\_\_\_\_
- 5. License Plates \_\_\_\_\_
- 6. Parking \_\_\_\_\_
- 7. Bus Fare, Taxis, etc. \_\_\_\_\_

TOTAL TRANSPORTATION EXPENSES: \_\_\_\_\_

F. GROCERY / DRUG STORE EXPENSES:

- 1. Food \_\_\_\_\_
- 2. Cleaning & Paper Products \_\_\_\_\_
- 3. Toiletries / Cosmetics \_\_\_\_\_
- 4. Non-prescriptive drugs & vitamins \_\_\_\_\_

TOTAL GROCERY / DRUG STORE EXPENSES: \_\_\_\_\_

G. CLOTHING EXPENSES:

- 1. You \_\_\_\_\_
- 2. Children \_\_\_\_\_
- 3. Other \_\_\_\_\_

TOTAL CLOTHING EXPENSES: \_\_\_\_\_

H. MEDICAL / DENTAL / OPTICAL EXPENSES:

- 1. Insurance premiums:
  - a. Medical – Adult \_\_\_\_\_
  - b. Dental – Adult \_\_\_\_\_
  - c. Medical – Children \_\_\_\_\_
  - d. Dental – Children \_\_\_\_\_
- 2. Uninsured medical, dental, optical, prescriptive and other uninsured health care expenses – Adult \_\_\_\_\_
- 3. Uninsured medical, dental, optical, prescriptive and other uninsured health care expenses – Children \_\_\_\_\_

TOTAL MEDICAL / DENTAL / OPTICAL EXPENSES: \_\_\_\_\_

I. INSURANCE: LIFE / DISABILITY:

- 1. Life \_\_\_\_\_
- 2. Disability \_\_\_\_\_

TOTAL INSURANCE: LIFE / DISABILITY: \_\_\_\_\_

J. DRYCLEANING: \_\_\_\_\_

K. HAIRDRESSER / BARBER: \_\_\_\_\_

L. REQUIRED DUES: \_\_\_\_\_

M. RECREATION / ENTERTAINMENT: \_\_\_\_\_

N. NON-COLLEGE EDUCATION EXPENSES (CHILD/CHILDREN):

- 1. Nursery School \_\_\_\_\_
- 2. School lunches \_\_\_\_\_
- 3. Tuition / Registration \_\_\_\_\_
- 4. Books, Supplies, etc. \_\_\_\_\_
- 5. Bus / Transportation \_\_\_\_\_

TOTAL NON-COLLEGE EDUCATION EXPENSES: \_\_\_\_\_

O. COLLEGE / TRADE SCHOOL EXPENSES (CHILD/CHILDREN):

- 1. Tuition \_\_\_\_\_
- 2. Room and Board \_\_\_\_\_
- 3. Books \_\_\_\_\_
- 4. Fees \_\_\_\_\_
- 5. Transportation \_\_\_\_\_
- 6. Other \_\_\_\_\_

TOTAL COLLEGE / TRADE SCHOOL EXPENSES (CHILDREN): \_\_\_\_\_

P. COLLEGE / TRADE SCHOOL EXPENSES (ADULT)

- 1. Tuition \_\_\_\_\_
- 2. Books \_\_\_\_\_
- 3. Fees \_\_\_\_\_

TOTAL COLLEGE / TRADE SCHOOL EXPENSES (ADULT): \_\_\_\_\_

Q. CHILD CARE EXPENSES: \_\_\_\_\_

R. MISCELLANEOUS CHILDREN'S EXPENSES:

- 1. Allowance \_\_\_\_\_
- 2. Camps \_\_\_\_\_
- 3. Music lessons \_\_\_\_\_
- 4. Non-School Related Activities \_\_\_\_\_
- 5. Miscellaneous \_\_\_\_\_

TOTAL MISCELLANEOUS CHILDREN'S EXPENSES: \_\_\_\_\_

S. PERIODIC BILL AND CREDIT CARD PAYMENTS:

	<i>Owed To:</i>	<i>Total Owed:</i>	<i>Minimum Monthly Payment:</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

TOTAL PERIODIC BILL AND CREDIT CARD PAYMENTS: \_\_\_\_\_

T. OTHER NECESSARY EXPENSES:

	<i>Expense:</i>	<i>Amount:</i>
1.	_____	_____
2.	_____	_____
3.	_____	_____

TOTAL OTHER NECESSARY EXPENSES: \_\_\_\_\_

**TOTAL MONTHLY EXPENSES.....** \$