

NECESSARY MONTHLY EXPENSES

	WIFE	HUSBAND	CHILDREN (If separate)		WIFE	HUSBAND	CHILDREN (If separate)
Rent	\$	\$	\$	Disability insurance			
Mortgage Payment				Life Insurance			
2 nd /Home Eq/or CD Payment				Medical if not payroll deducted			
Homeowner's Insurance				Accident/personal umbrella/long term care insurance			
Real Estate Taxes							
Maintenance & Repairs				Memberships/Clubs			
Yard Service/Gardening				Newspapers/Books/Magazines			
Association Fee				Pet Expenses			
Electricity				Vacations			
Heat				Entertainment			
Sewer/water				Hobbies			
Regular phone service				Donations/Worship			
Long distance				Gifts			
Cell/pager				Cosmetics/toiletry			
Garbage				Barber/beautician			
Internet Service Provider, DSL				Personal Allowances and Incidentals			
Cable				Child Care			
Food				Babysitting			
Restaurants				Allowances			
Carryout				Summer/day camp			
Liquor				Lessons/activities			
Clothing/Shoes				School Needs			
Laundry and Dry Cleaning				Diaper service			
Medical not covered by insurance				Toys/books/etc.			
Dental not covered by insurance				Prior child/spousal support			
Orthodontist				Employment costs			
Eyeglasses				Income tax deposits			
Medicine/drugs				Debt payments			
Therapy/counseling							
Car payment							
Car Insurance							
Gasoline							
Oil changes							
Repairs/maintenance				TOTAL	0	0	0
Parking/Garage rental							
License/Tabs/Driver's License							
Bus/public transport							