

MONTHLY EXPENSES

House note/ Rent	
House insurance	
Taxes on home	
Utilities	
Cable	
Water	
Telephone	
Cell phone	
Bank loans	
Student loans	
Clothing	
Haircuts	
Internet	
Car payment	
Credit cards	
Country Club	
Childcare/Daycare	
Groceries	
Gasoline	
Prescriptions	
Life insurance	
Health insurance	
Miscellaneous children's expenses (movies, school lunches, etc)	
Church donations	
Yard	
Cleaners	
House keeping services	
Pet food/Veterinary care	
Outstanding Medical bills	
Counseling or Psychiatric	
TOTAL MONTHLY EXPENSES	

NET MONTHLY SALARY _____

I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT SUMMARY OF MY MONTHLY INCOME AND EXPENSES IN THIS MATTER.

Date _____