

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? No Yes
Does it include property insurance? No 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, 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 \$ _____
- Additional Expenses (707(b) Expenses)**
20. mandatory payroll deductions not already listed _____ \$ _____
_____ \$ _____

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| 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 | \$ _____ |
| 30. non-mandatory contributions to retirement accounts (including loan repayment) | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| 31. other expenses not listed above _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |