

AVERAGE MONTHLY AMOUNTS NEEDED FOR EXPENSES

(Worksheet for completing Income and Expense Declaration)

1. LIST ALL PERSONS LIVING IN YOUR HOME:

Name	DOB	Age	Relationship	Gross Monthly Income	Pays Some Household Expenses
				\$ _____	YES / NO
				\$ _____	YES / NO
				\$ _____	YES / NO
				\$ _____	YES / NO
				\$ _____	YES / NO
				\$ _____	YES / NO
				\$ _____	YES / NO
				\$ _____	YES / NO

2. FOR EACH RESIDENCE (itemize expenses for each home separately):

- (1) \$ _____ Rent or Mortgage (circle)
- (2) If mortgage, include:
 - \$ _____ Average principal
 - \$ _____ Average interest
- (3) \$ _____ Real property taxes
- (4) \$ _____ Homeowner's or renter's insurance
- (5) Maintenance and Repair:
 - \$ _____ General repairs
 - \$ _____ Roof repair/driveway
 - \$ _____ House painting
 - \$ _____ Carpet/drapery replacement
 - \$ _____ Major appliances replacement
 - \$ _____ Gardener/lawn/tree trimming
 - \$ _____ Pool
 - \$ _____ Firewood
 - \$ _____ Tools (home/garden, etc.)
 - \$ _____ House cleaning/window washing
 - \$ _____ If renting: minor repairs not covered by landlord
 - \$ _____ Homeowners' Ass'n dues
 - \$ _____ Other (specify)
 - \$ _____ TOTAL (per month)

3. HEALTH CARE COSTS NOT PAID BY INSURANCE (list only if not covered by insurance):

- \$ _____ Co-payments
- \$ _____ Doctors
- \$ _____ Hospital
- \$ _____ Counseling/psychiatrist/therapy
- \$ _____ Dentist
- \$ _____ Orthodontist
- \$ _____ Optometrist/eyeglasses/contact lenses
- \$ _____ Chiropractor/massage (specify)
- \$ _____ Prescription Drugs
- \$ _____ Nonprescription drugs/first aid
- \$ _____ Vitamins
- \$ _____ Other
- \$ _____ TOTAL (per month)

NAME: _____

Date: _____/_____/20____

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4. CHILD CARE:

- \$ _____ Babysitting/daycare (while you work)
- \$ _____ Babysitting/daycare (for nonwork)
- \$ _____ Nanny (specify all costs)
- \$ _____ Other
- \$ _____ TOTAL (per month)

5. GROCERIES AND HOUSEHOLD SUPPLIES:

- \$ _____ Groceries
- \$ _____ Snacks
- \$ _____ Liquor and wine
- \$ _____ Cleaning/paper products/miscellaneous
- \$ _____ TOTAL (per month)

6. FOOD-EATING OUT:

- \$ _____ Restaurants
- \$ _____ Lunches/coffee breaks
- \$ _____ Fast food with/without children
- \$ _____ TOTAL (per month)

7. UTILITIES (gas, electric, water, garbage collection):

- \$ _____ Gas
- \$ _____ Electricity
- \$ _____ Water
- \$ _____ Garbage
- \$ _____ Cable TV
- \$ _____ Alarm/security
- \$ _____ Other (specify)
- \$ _____ TOTAL (per month)

8. TELEPHONE/CELLPHONE/E-MAIL:

- \$ _____ Land line(s)
- \$ _____ Cellular telephone(s)
- \$ _____ E-mail/ISP/DSL or cable modem
- \$ _____ Other (specify)
- \$ _____ TOTAL (per month)

9. LAUNDRY AND DRY CLEANING:

- \$ _____ Dry cleaning and laundry service
- \$ _____ Carpet/drapery/furniture cleaning
- \$ _____ Other
- \$ _____ TOTAL (per month)

10. CLOTHING (consider shoes, underwear, suits, coats, jackets, athletic wear):

- \$ _____ General clothing for "self"
- \$ _____ Uniforms
- \$ _____ Alterations and repair
- \$ _____ Jewelry
- \$ _____ Other (specify)
- \$ _____ TOTAL (per month)

11. EDUCATION (yours):

- \$ _____ School supplies
- \$ _____ School lunches
- \$ _____ Transportation to/from
- \$ _____ Tuition and fees
- \$ _____ Books
- \$ _____ Tutoring
- \$ _____ Other (specify)
- \$ _____ TOTAL (per month)

12. EDUCATION (child(ren)'s; specify for whom):

- \$ _____ Musical instrument lessons
- \$ _____ Art, drama, dance lessons
- \$ _____ Religious training
- \$ _____ Sports program and equipment
- \$ _____ Education/tutors
- \$ _____ Special school uniforms and other clothing
- \$ _____ School lunches
- \$ _____ School transportation
- \$ _____ School tuition
- \$ _____ Mandatory school donations
- \$ _____ School books and supplies
- \$ _____ _ After-school programs at school
- \$ _____ School activity fees (clubs, pictures, yearbooks)
- \$ _____ Books/supplies/field trips
- \$ _____ Summer camp/transportation
- \$ _____ _ Other (specify)
- \$ _____ _ TOTAL(per month)

13. ENTERTAINMENT, GIFTS, AND VACATION:

- \$ _____ Movies, theater, concerts, sports events
- \$ _____ Recreation
- \$ _____ Sporting goods/hobbies
- \$ _____ Entertainment at home
- \$ _____ Membership dues (specify)
- \$ _____ Gifts (wedding, birthday, holiday, etc., including presents given by your child(ren) to others)
- \$ _____ Boats, recreation vehicles
- \$ _____ Vacations (itemize)
- \$ _____ Other (specify)
- \$ _____ TOTAL (per month)

14. AUTO EXPENSES AND TRANSPORTATION

- \$ _____ Insurance (number of vehicles)
- \$ _____ Gas/oil/antifreeze
- \$ _____ Tires
- \$ _____ Repairs
- \$ _____ Parking
- \$ _____ Auto club (AAA, etc.)
- \$ _____ Registration/license
- \$ _____ Car wash/wax
- \$ _____ Tolls
- \$ _____ Taxi/train/bus/BART, etc.
- \$ _____ Other (specify)
- \$ _____ TOTAL (per month)

NAME: _____

Date: _____/_____/20____

15. INSURANCE (life, accident, etc.; do not include auto, home, or health insurance):

- \$ _____ Life insurance
- \$ _____ Personal property insurance
- \$ _____ Comprehensive umbrella
- \$ _____ Disability insurance
- \$ _____ Other (specify)
- \$ _____ TOTAL (per month)

16. SAVINGS AND INVESTMENTS:

- \$ _____ Retirement plans through employment: e.g., 401(k), 403(b); specify
- \$ _____ IRAs (including Roth IRAs); specify
- \$ _____ College fund(s) for child(ren)
- \$ _____ Other
- \$ _____ Charitable, political
- \$ _____ Religious, spiritual
- \$ _____ TOTAL (per month)

17. CHARITABLE CONTRIBUTIONS:

- \$ _____ Charitable, political
- \$ _____ Religious, spiritual
- \$ _____ TOTAL (per month)

18. OTHER (specify):

- \$ _____ Newspaper/magazines
- \$ _____ Pet care (food, vet, etc.)
- \$ _____ Children's toys and games
- \$ _____ Children's allowance
- \$ _____ Children's birthday parties
- \$ _____ Personal grooming, hair care/manicure, cosmetics, toiletries, etc.
- \$ _____ Bank service charges, credit card fees, safe deposit box charges
- \$ _____ Tax return preparation
- \$ _____ Miscellaneous: books, artwork, stationery, postage, photography, CDs, DVDs, small appliances, etc.
- \$ _____ Furniture and major appliance replacement
- \$ _____ Computers: purchase/replacement/supplies/consultants
- \$ _____ Children's computers
- \$ _____ Auto replacement (cost of purchasing another auto, if current auto is being sold or traded in near future)
- \$ _____ Other (specify)
- \$ _____ TOTAL (per month)

19. INSTALLMENT PAYMENTS AND DEBTS (or other debts, e.g., money borrowed from friends or relatives):

Paid to For	Amount	Balance	Date of Last Payment

\$ _____ TOTAL AMOUNT OF MONTHLY INSTALLMENT PAYMENTS

20. MONEY OWED OTHERS (not by installment payment):

To Whom Owed	Amount	Balance	Repayment Plan

\$_____ TOTAL AMOUNT OF MONTHLY INSTALLMENT PAYMENTS

21. ATTORNEY FEES:

To date I have paid my attorney for fees and costs: \$_____

The source of this money was (specify):

I owe the following fees and costs over the amount paid: \$_____

22. UPCOMING EXTRAORDINARY EXPENSES (e.g., expenses for health, losses not covered by insurance, or expenses for minors from other relationships):

Nature of Expense Anticipated	Amount