

B. Home Mortgages, Rent, Lease

Creditor (who you owe)	Monthly Payment	Balance Due	# of Payments Past Due
B. Total Home Mortgages			

C. Auto Loans

Creditor (who you owe)	Monthly Payment	Balance Due	# of Payments Past Due
C. Total Auto Mortgages			

D. Business/Investment Debt

Creditor (who you owe)	Monthly Payment	Balance Due	# of Payments Past Due
D. TOTALS			

Debt List Total (enter Totals A – D from above on the lines below)

A. _____

B. _____

C. _____

D. _____

Total Debt \$ _____

MONTHLY INCOME AND EXPENSES

Net Income

	Client		Spouse
Salary/Wages			
Commissions			
Bonuses			
Self Employment			
Unemployment Benefits			
Social Security Benefits			
Disability Benefits			
Child Support			
Alimony/Spousal Support			
Pensions/Annuities			
Interest & Dividends			
Total Net Income	\$		

Monthly Expenses

Housing & Living Expenses

Rent/Mortgage	
Property Taxes/Condo Fees	
Utilities (electricity, water & gas)	
Local Telephone	
Mobile Telephone	
Food/Grocery	
Household	
Cable	
Other:	
A. Total Housing & Living Expenses	\$

Personal Expenses

Smoking	
Alcohol	
Eating Out	
Entertainment/Sports	
Gifts/Charitable Donations	
Allowances	
Clothing	
Dry Cleaning	
Grooming/Toiletries	
Other:	
B. Total Personal Expenses	\$

Medical Expenses

Prescriptions	
Out of Pocket Medical	
Dental	
Other:	
C. Total Medical Expenses	

Transportation Expenses

Repairs/Maintenance	
Public Transportation	
Other:	
D. Total Transportation Expenses	

Total Monthly Expenses (enter expense Totals A – D from above on the Lines below)

A. _____

B. _____

C. _____

D. _____

Total Expenses \$ _____

Total Monthly Income: _____

Total Monthly Expenses: -- _____

Net Surplus/Deficit \$ _____