

O. Expenses.

List below your average monthly expenses for you and your family. If you pay any of these expenses weekly, bi-weekly, quarterly, semi-annually, or annually, you will need to adjust the amount to show it as a monthly amount (for example, if you pay the expense weekly, you can show that as a monthly expense by multiplying the weekly amount by 4.3). If you are not sure how to do this, let us know of any expenses you do not pay monthly.

	<i>Average Monthly Expenses</i>	<i>List Any Increase or Decrease You Expect for Item in Next Year</i>
Rent or mortgage	\$ _____	_____
Are real estate taxes included? ____		
Is property insurance included? ____		
Condo or homeowners association fees	\$ _____	_____
Trash pickup	\$ _____	_____
Electricity	\$ _____	_____
Heat	\$ _____	_____
Water	\$ _____	_____
Telephone		
Basic	\$ _____	_____
Optional	\$ _____	_____
Other utilities (internet, cable T.V., etc.)	\$ _____	_____
	\$ _____	_____
Home maintenance (repairs and upkeep)	\$ _____	_____
Food (cash you spend on food)	\$ _____	_____
Amount of food stamps you spend	\$ _____	_____
Clothing	\$ _____	_____
Laundry and cleaning	\$ _____	_____
Medications	\$ _____	_____
(Over the counter & Prescriptions)		
Other medical and dental expenses	\$ _____	_____
Public transportation	\$ _____	_____
Automobile upkeep	\$ _____	_____
Gasoline and oil	\$ _____	_____
Newspapers, magazines, school books	\$ _____	_____
Recreation	\$ _____	_____
Charitable contributions	\$ _____	_____
Club and union dues		
(not deducted from wages)	\$ _____	_____

Insurance (not deducted from wages)

Homeowner's or renter's	\$		
Life	\$		
Health	\$		
Auto	\$		
Other _____	\$		

Taxes (not deducted from wages
or included in mortgage payment)

\$		
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Installment payments

Vehicle	\$		
Other _____	\$		
Other _____	\$		

Alimony, maintenance or support payments

\$		
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Other payments for support of dependents

\$		
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Expenses for operating your business

\$		
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Other expenses (list types of expenses, e.g.,
home maintenance, security system, school)

Identify: _____	\$		
_____	\$		
_____	\$		

- P.** If you and your spouse are not filing bankruptcy together, does your spouse (who is not filing bankruptcy) have any monthly expenses listed above that are not paid towards your household expenses (such as child support payments your spouse makes to a former spouse or payments your spouse makes on separate debts)? YES ____ NO ____.
- If YES, list:

<i>Describe Expense Item</i>	<i>To Whom Payable</i>	<i>Amount per Month</i>
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- Q.** Do you have any monthly expenses not listed above that you pay for the care and support of an elderly, chronically ill, or disabled member of your household or your immediate family? YES ____ NO ____.

If YES, describe: _____

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- R.** Do you have any monthly expenses not listed above that you pay to keep your family safe from domestic violence? YES ____ NO ____.

If YES, describe: _____

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- S.** Do you pay any expenses for your dependent children under the age of eighteen to attend a private or public elementary or secondary school? YES ____ NO ____.

If YES, describe: _____

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