

LIVING EXPENSE INFORMATION

EXPENSE DESCRIPTION	AMOUNT	FREQUENCY*
FOOD		
Groceries & Meat	_____	_____
Liquor	_____	_____
Other	_____	_____
CLOTHING		
Other	_____	_____
MORTGAGE/RENT		
Primary Residence		
Principal & Interest	_____	_____
Property Taxes	_____	_____
Rent	_____	_____
Second Residence		
Principal & Interest	_____	_____
Property Taxes	_____	_____
Other	_____	_____
UTILITIES		
Gas &/or Oil	_____	_____
Electricity	_____	_____
Water	_____	_____
Telephone	_____	_____
Trash Collection	_____	_____
Other	_____	_____
HOMEOWNERS/RENTERS INSURANCE		
HOME MAINTENANCE		
Cleaning Supplies	_____	_____
Cleaning Service	_____	_____
Repairs	_____	_____
Lawn & Garden	_____	_____
Other	_____	_____
HOME IMPROVEMENTS		
Remodeling	_____	_____
Landscaping	_____	_____
Furniture	_____	_____
Appliances	_____	_____
Other	_____	_____
TRANSPORTATION		
Gas & Oil	_____	_____
Car Repairs	_____	_____
Auto Insurance	_____	_____
License Fees	_____	_____
Tolls	_____	_____
Parking	_____	_____
Mass Transit	_____	_____
Auto Club Dues	_____	_____
Auto Payments	_____	_____
Other	_____	_____
SPENDING MONEY		
EDUCATION		
Tuition	_____	_____

Room & Board	_____	_____
Transportation	_____	_____
Other	_____	_____
PERSONAL CARE		
Clothes Cleaners	_____	_____
Laundry	_____	_____
Toiletries	_____	_____
Hairdresser	_____	_____
Barber	_____	_____
Other	_____	_____
JOB RELATED EXPENSES		
Transportation	_____	_____
Meals	_____	_____
Education	_____	_____
Fees/Dues	_____	_____
Publications	_____	_____
Entertainment	_____	_____
Child Care	_____	_____
Other	_____	_____
MEDICAL AND DENTAL CARE		
Medical	_____	_____
Eye Care	_____	_____
Dental	_____	_____
Prescriptions	_____	_____
Other Health Care	_____	_____
Medical Insurance	_____	_____
Other	_____	_____
GIFTS AND CONTRIBUTIONS		
Religious	_____	_____
Charitable	_____	_____
Gifts	_____	_____
Other	_____	_____
ANIMAL CARE		
Veterinarian	_____	_____
Food	_____	_____
Grooming & Board	_____	_____
Licenses	_____	_____
Other	_____	_____
BANK CHARGES	_____	_____
PROFESSIONAL ADVICE		
Accountant	_____	_____
Attorney	_____	_____
Financial Planner	_____	_____
Other	_____	_____
DISABILITY INSURANCE		
Private Plan(s)	_____	_____
Group Plan(s)	_____	_____
State Disability Ins.	_____	_____
Other	_____	_____
LIFE INSURANCE		
Private Plan(s)	_____	_____
Group Plan(s)	_____	_____
OTHER INSURANCE		
Liability	_____	_____
Accident	_____	_____

Health	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
ENTERTAINMENT		
Dining Out	_____	_____
Club Dues	_____	_____
Theater/Movies	_____	_____
Subscriptions	_____	_____
Child Care	_____	_____
Cable TV	_____	_____
Recreation	_____	_____
Books/Newspapers	_____	_____
Vacations	_____	_____
Vacation Property	_____	_____
Other	_____	_____
CONSUMER DEBT		
Credit Cards	_____	_____
Other	_____	_____
OTHER DEBT		
Personal Loans	_____	_____
Education Loans	_____	_____
Other	_____	_____
INVESTMENTS		
Other	_____	_____
Other	_____	_____
EDUCATION FUND		
Other	_____	_____
OTHER SAVINGS		
Retirement	_____	_____
Other	_____	_____
Other	_____	_____
MISCELLANEOUS		
Alimony	_____	_____
Child Support	_____	_____
Dependent Care	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
Other	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
SUB-TOTALS	_____	_____
ANNUAL TOTAL EXPENSES	_____	_____

*FREQUENCY CODES: Please write in the letter for the number of times during the year which this expense occurs: A = Annually; S = Semi-Annually; Q = Quarterly; M = Monthly; W = Weekly; I = Irregularly.