

List of Current Monthly Expenses

Do you and your spouse live separately and maintain separate households? No Yes. If **yes**, please let Mr. Waterman know and he will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

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.	Rent or Home Mortgage:	\$	
	Does that amount include real estate taxes: <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Does that amount include property insurance: <input type="checkbox"/> No <input type="checkbox"/> Yes		
2.	Utilities:		
	a. Electricity and heating fuel:	\$	
	b. Water and sewer:	\$	
	c. Telephone service/long distance:	\$	
	d. Do you have any other utility bills? If yes , describe and enter monthly amount below:		
	_____	\$	
	_____	\$	
	_____	\$	
3.	Home maintenance (including repairs and upkeep):	\$	
4.	Food:	\$	
5.	Clothing:	\$	
6.	Laundry and dry cleaning:	\$	
7.	Medical and dental expenses:	\$	
8.	Transportation (do NOT include car payments):	\$	
9.	Recreation and entertainment:	\$	
10.	Charitable contributions:	\$	
11.	Insurance NOT deducted from wages or included in home mortgage payments:		
	a. Homeowner's or renter's insurance:	\$	
	b. Life insurance:	\$	
	c. Health insurance:	\$	
	d. Auto insurance:	\$	
	e. Other insurance (describe and list monthly amount):		
	_____	\$	
	_____	\$	
	_____	\$	
12.	Tax bills NOT deducted from wages or included in home mortgage payments:		
	_____	\$	
	_____	\$	
	_____	\$	

13. Installment payments for car, furniture, etc. *(Describe)*:
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
14. Alimony, maintenance and support paid to others: _____ \$ _____
15. Payments for support of additional dependents not living at your home: _____ \$ _____
16. Regular expenses from operation of business, profession or farm: _____ \$ _____
17. Other expenses *(Describe)*: **(please see "Additional Expenses" below before putting anything here)**
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
19. Describe any increase or decrease in expenses you expect to occur within the next year?
- _____

Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

Additional Expenses (707(b) Expenses for Form 22)

26. or 31. Mandatory payroll deductions not already listed:
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
28. or 33. Court ordered payments not already listed:
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
29. or 34. Education for employment or for a physically or mentally challenged child: _____ \$ _____
30. or 35. Child care *(baby sitting, day care, nursery & preschool, etc.)*: _____ \$ _____
- 34b. or 39b. Disability Insurance *(if not listed above)*: _____ \$ _____
- 34c. or 39c. Health Savings Account: _____ \$ _____
35. or 40. Care for elderly, chronically ill or disabled family members: _____ \$ _____
36. or 41. Protection from family violence: _____ \$ _____
38. or 43. Education expense for your children under 18: _____ \$ _____
55. (c13's) Non-mandatory contributions to retirement accounts *(including loan repayments)*:
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____