

STATEMENT OF EXPENSES (CONT.)

CLIENT(S):

DATE:

RENT/MORTGAGE _____

Does the above amount include property taxes? Yes ___ No ___

Does the above amount include property insurance? Yes ___ No ___

ELECTRICITY/HEATING FUEL _____

WATER AND SEWER _____

TELEPHONE (include long distance expenses) _____

OTHER UTILITIES: Trash ___ Cable ___ Internet ___ Cell Phone ___

HOME MAINTENANCE _____

FOOD _____

CLOTHING _____

LAUNDRY/DRY CLEANING _____

MEDICAL/DENTAL _____

TRANSPORTATION _____

RECREATION _____

CHARITABLE CONTRIBUTIONS _____

HOMEOWNER'S INSURANCE _____

LIFE INSURANCE _____

HEALTH INSURANCE _____

AUTO INSURANCE _____

PROPERTY TAXES _____

AUTO PAYMENT _____

2nd AUTO PAYMENT _____

2nd MORTGAGE PAYMENT _____

OTHER INSTALLMENT PAYMENT _____

ALIMONY/SUPPORT _____

DAYCARE _____

TOILETRIES & HAIRCUTS/BEAUTY PARLOR _____

PET EXPENSES _____

OTHER NECESSARY MONTHLY EXPENSES NOT LISTED ABOVE:

TYPE: _____

TYPE: _____

(Please sign both page one and page two)

STATEMENT OF EXPENSES

CLIENT(S):

DATE:

VERY IMPORTANT: We cannot file your Petition with the Bankruptcy Court without the following information:

On the reverse side of this sheet is a schedule of necessary living expenses that the Court requires to be filed with your case. It should not take more than 10 minutes or so to fill out. *The following helpful hints are for informational purposes only!* Some of your expenses, for whatever reason, may not fall with the normal range:

1. The amounts should be indicated on a **MONTHLY** basis, not weekly or yearly.
2. If you are not certain how much you spend on a particular category, just give your best, honest estimate.
3. Your expenses must be "reasonable". (Just temporarily, put yourself in the shoes of the creditors and imagine that you are reviewing the "necessary" living expenses of someone who owes you money and claims that they can't afford to pay you back.)
4. Do not take into consideration expenses which are deducted from your paycheck (i.e., child support, life insurance, health insurance). Those expenses will already have been calculated in reducing your take-home income.
5. For expenses that vary depending upon the time of year (like heating expenses) simply average a high month with a low month.
6. Home Maintenance expenses typically average 1% to 1.5% of the value of your home per year (you must divide by twelve to get the monthly amount). Don't forget snow removal and lawn care.
7. Food expenses generally average \$150 to \$200 per month per family member.
8. Clothing expenses generally average \$30 to \$50 per month per family member.
9. When estimating Medical and Dental expenses, don't forget co-pays, prescriptions, deductibles, and anticipated dental work that needs to be done for any family member within the next year.
10. When estimating Transportation expenses, do not forget to include vehicle maintenance which typically averages \$50 to \$100 per month per vehicle.
11. We suggest that you not put more than \$20 per month per family member for Recreation.
12. If you contribute a significant amount to your church under Charitable Contributions, the Trustee may ask for documentation for this. Do not put in a large amount if you cannot verify it!
13. Toiletries and haircuts generally average \$10 to \$20 per month per family member.

Are you: married single divorced separated

Name(s) and age(s) of your dependents: _____

Husband's job title: _____ Time in that job: _____

Employer's Name & Address: _____

Spouse's job title: _____ Time in that job: _____

Employer's Name & Address: _____

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(Please sign both page one and page two)