



MONTHLY EXPENSES

REV.01/24

NAME: _____

RENT or MORTGAGE: _____

ANNUAL PROP. TAXES IF **NOT** ESCROWED: _____

ELECTRIC: _____ WATER: _____ PROPANE/GAS: _____

CELL PHONE: _____ CABLE/INTERNET: _____

GROCERIES: _____ EATING/DINING OUT: _____

IF YOU'RE A HOMEOWNER, COST OF HOME MAINTENANCE/REPAIRS: _____

AUTO EXPENSES

GAS FOR VEHICLE: _____ AUTO REPAIRS: _____

AUTO INSURANCE: _____ TAG RENEWAL: _____ TOLLS: _____

OTHER EXPENSES

LIFE INSURANCE: _____ RENTERS INSURANCE: _____

MEDICAL/DENTAL EXPENSES (NOT COVERED BY INSURANCE): _____

MEDICAL/DENTAL INSURANCE THAT IS NOT PAYROLL DEDUCTED: _____

CLOTHING: _____ GROOMING: _____

ENTERTAINMENT: _____ GIFTS: _____

GYM MEMBERSHIP: _____

RELIGIOUS ORGANIZATIONS/CHARITABLE CONTRIBUTIONS: _____

CHILDREN'S EXPENSES (ONLY FOR CHILDREN OF THE PARTIES)

DAY CARE/AFTER SCHOOL CARE: _____ LUNCH MONEY: _____

CLOTHING: _____ GROOMING: _____

GIFTS FOR HOLIDAYS: _____ EXTRA CURRICULAR ACTIVITIES: _____

CHILD'S PORTION OF MEDICAL/DENTAL/VISION INSURANCE: _____

MEDICAL/DENTAL EXPENSES (NOT COVERED BY INSURANCE): _____

PAYMENTS TO CREDITORS

Name of Creditor	Monthly payment	Balance