

Monthly Income and Expenses of
Chancery No. _____

Date: _____

Employed By _____
 City & State _____
 Occupation _____
 Pay Period _____
 Next Payday _____
 Salary/Wage _____
 # Exemptions _____

Children in Household	
Name	Age

Average Gross Pay per Month	
LESS: Federal Taxes	
State Taxes	
FICA	
Health Insurance	
Life Insurance	
Required Retirement	
Average Monthly Net Pay	
Other Income	
MONTHLY NET INCOME	

Household

Mortgage (PITI) or Rent _____
 Real Estate Property Taxes _____
 Homeowner's Insurance _____
 Repairs/Maintenance _____
 Furniture/Furnishings _____

Utilities

Electricity _____
 Gas/Heating Oil _____
 Water/Sewer _____
 Telephone _____
 Trash _____
 Cable TV _____

Food

Groceries _____
 Lunches _____

Automobile

Payment/Depreciation _____
 Gasoline _____
 Repair/Tags/Inspection, etc. _____
 Auto Insurance _____
 Parking/Other Transportation _____
 Personal Property Tax _____

Childcare Expenses

Child Care _____
 School Tuition _____
 Lunch Money _____
 School Supplies _____
 Lessons/Sports _____
 New Clothing _____

Fixed Debts with Payments

Balance Mo. Pmt.

Charge Account Debt

Clothing

New (Excluding Children) _____
 Cleaning/Laundry _____
 Uniforms _____

Health Expenses

Doctor _____
 Dentist _____
 Therapist _____
 Eyeglasses _____
 Hospital _____
 Medicines _____
 Other _____

Dues

Professional Associations _____
 Social Associations _____
 Homeowner's Association _____

Miscellaneous

Gifts (Xmas, Birthday) _____
 Church/Charity _____
 Entertainment _____
 Vacations _____
 Hobbies _____
 Personal Grooming _____
 Newspaper/Magazines _____
 Disability Insurance _____
 Life Insurance _____
 Legal Expenses _____

Totals Per Month

Subtotal Expenses	\$0
Subtotal Debt Payments	\$0
TOTAL EXPENSES	\$0
TOTAL NET INCOME	\$0
BALANCE (+)	
BALANCE (-)	

Liquid Assets on Hand

Cash/Checking/Savings _____
 Other Liquid Assets _____
TOTAL LIQUID ASSETS _____

Submitted By: _____