

MY FAMILY BUDGET

Name(s) of Debtors: _____
Principal Debtor Joint Debtor if both are filing

Number of Persons Residing in the Household _____

Name, Birthdate, Relationship, Monthly Gross and Net Income and Monthly Living and Debt Expense not included in Household Expenses below for each person in household is as follows:

Full Name of Person	Birth date	Relationship	Gross Income	Net Income	Debt Expense
		Debtor			
		Spouse			

Monthly Household Expenses

(please review your expenses and be sure to include all expenses as monthly item, even if you do not have a monthly payment, so if the payment is annual divide by 12 to get monthly, if it is irregular such as medical expenses, determine your annual expense and divide by 12)

- Rent or \$ _____

First Mortgage..... \$ _____

Second Mortgage \$ _____

Real Estate Taxes not included in Mortgage..... \$ _____

Property or Rental Insurance not included in Mortgage \$ _____

Homeowners or Condominium dues \$ _____

2. Household Expenses:

- a. Electricity \$ _____
- b. Gas or Propane \$ _____
- c. Water, Sewer Garbage \$ _____
- d. Telephone \$ _____
- e. Internet/Satellite/Cable \$ _____
- f. Subscriptions \$ _____
- g. Other Utilities \$ _____
- h. Food and Supplies \$ _____
- i. Child Care & Education \$ _____
- j. Personal Care & Products \$ _____
- k. Noncovered Medical/ Dental \$ _____
- l. Gas, Maintenance, Fares \$ _____
- m. Entertainment & Misc. \$ _____

n. Insurance (not incl. In Wage deducts)

Health	\$ _____
Life	\$ _____
Vehicle	\$ _____
Other	\$ _____
Total Insurance.....	\$ _____

o. Taxes (not incl in Wage deducts)

Est. Income	\$ _____
Vehicle Plates	\$ _____
Other	\$ _____
Total Taxes.....	\$ _____

p. Installment Debt or Leases

Vehicle One Payment	\$ _____
Vehicle Two Payment	\$ _____
Other Installments	
_____	\$ _____
_____	\$ _____

q. support obligations \$ _____

r. other expenses please list

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Summary:

	Gross	Net
Estimated Total Household Income	\$ _____	\$ _____
Total Family Expenses		\$ _____
Monthly Net Income after Expenses		\$ _____