

MONTHLY INCOME

We recommend that you use monthly income information. If some of your income sources pay you more or less often than once a month, first estimate your annual income from those sources, then divide by 12 to find the monthly amount. (Some types of income can fit into more than one category; be sure that you count each source of income only once.)

	HIS	HERS
Salary / Wages	\$ _____	\$ _____
Bonuses / Incentives	_____	_____
Commissions	_____	_____
Interest / Dividends	_____	_____
Loan Repayments	_____	_____
Partnership Draw	_____	_____
Rents	_____	_____
Reverse Mortgage	_____	_____
Royalties / Licensing Fees	_____	_____
Self-Employment Draw	_____	_____
Social Security Survivors' Benefits	_____	_____
Unemployment Compensation	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Court Settlement	_____	_____
Disability / Long-Term Care Insurance Benefits	_____	_____
Social Security Disability Benefits	_____	_____
Union Disability Benefits	_____	_____
VA Disability Benefits	_____	_____
Workers' Compensation	_____	_____
Annuities	_____	_____
Deferred Compensation	_____	_____
Pension / Profit-Sharing Plans	_____	_____
401(k) or 403(b) Plans	_____	_____
IRAs	_____	_____
Keogh / SEP Plans	_____	_____
Military Pension	_____	_____
Social Security Retirement	_____	_____
Union Pension	_____	_____
Other _____	_____	_____
Total Income from all sources for each person	\$ _____	\$ _____
TOTAL FAMILY INCOME	\$ _____	\$ _____

MONTHLY EXPENSES - BUDGETED VS ACTUAL

	Budgeted	Actual
Mortgage / Rent / Condo Fees	\$ _____	\$ _____
Auto: Gas / Maintenance / Repairs	_____	_____
Child Care	_____	_____
Clothing	_____	_____
Commuting (other than Auto)	_____	_____
Dining / Entertainment / Hobbies / Recreation / Vacations	_____	_____
Education (other than Student Loans)	_____	_____
Gifts / Donations	_____	_____
Groceries: Food / Household Supplies	_____	_____
Household Maintenance / Repairs	_____	_____
Insurance Premiums: Auto	_____	_____
Disability	_____	_____
Home / Property	_____	_____
Life / Accident	_____	_____
Medical / Dental / Medicare	_____	_____
Other	_____	_____
Loan Payments: Auto	_____	_____
Credit Cards / Charge Accounts	_____	_____
Home Equity	_____	_____
Student Loans	_____	_____
Magazines / Newspapers / Books	_____	_____
Medical / Dental Expenses not paid by insurance	_____	_____
Personal Care (Hair / Cosmetics / etc.)	_____	_____
Pet Food / Care	_____	_____
Retirement Plan Contributions (IRA / 401k / 403b / etc.) .	_____	_____
Savings / Investments	_____	_____
Taxes: Income - Federal / State / Local	_____	_____
Property - Real Estate / Personal	_____	_____
Utilities: Cable / Satellite TV	_____	_____
Electric	_____	_____
Garbage	_____	_____
Heating - Gas / Oil / Other	_____	_____
Telephone	_____	_____
Water	_____	_____
Other Expenses	_____	_____
TOTAL EXPENSES	\$ _____	\$ _____