

Documents to Bring to Your Appointment

BUDGET OF MONTHLY EXPENSES

Please fill in the **estimated monthly expenses** for you and your family. These amounts represent an **average monthly amount over an entire year**. They should be neither winter nor summer but an average of both. The law does not require that you live on a meager average, but you should not appear to be pampering yourself either. This will assist the attorney in determining your qualifications for filing either a Chapter 7 or Chapter 13 bankruptcy case.

	You	Spouse (only if you live separately)
Rent/lot rent	_____	_____
Renter's insurance	_____	_____
Mobile home payment	_____	_____
Mobile home insurance (do not list if included in monthly mobile home payment)	_____	_____
Mortgage payment	_____	_____
Second mortgage payment (equity loan, home improvement, etc.)	_____	_____
Property taxes (do not list if included in monthly mortgage payment)	_____	_____
Homeowner' insurance (do not list if included in monthly mortgage payment)	_____	_____
Electricity and heating fuel	_____	_____
Water and sewer (billed every month, 2 mos, 3 mos?)	_____	_____
Telephone	_____	_____
Other utilities:		
1. Cellular telephone pager	_____	_____
2. Cable television	_____	_____
3. Internet service	_____	_____
Home maintenance (light bulbs, linens, vacuum bags, lawnmower gas, minor repairs, cleaning supplies)	_____	_____
Food (groceries, lunches at work, school lunches, snacks)	_____	_____
Clothing (shoes, socks, underwear, etc., including purchases made at Christmas and birthdays)	_____	_____
Laundry and dry cleaning	_____	_____
Medical/dental expenses (eyeglasses/contact lenses, prescription/other medications, feminine hygiene, birth control, etc.)	_____	_____

Gasoline, oil changes, car repairs, license/registration renewals, etc.	_____	_____
Recreation, clubs, entertainment, newspapers, magazines (including toys for kids at Christmas, birthdays, video rentals, etc.)	_____	_____
Charitable contributions	_____	_____
Life insurance (do not list if deducted by employer from pay)	_____	_____
Health insurance (do not list if deducted by employer from pay)	_____	_____
Auto insurance	_____	_____
Other insurance _____	_____	_____
Auto installment payments	_____	_____
Other installments _____	_____	_____
Alimony/child support	_____	_____
Regular expenses from business, profession, or farm	_____	_____
Personal grooming (haircuts, manicures, cosmetics)	_____	_____
Student loan payments	_____	_____
Cigarettes/tobacco	_____	_____
Other expenses (specify: new baby expenses, pet supplies)		
1. _____	_____	_____
2. After-school activities	_____	_____
3. Daycare/latchkey	_____	_____