

Name: \_\_\_\_\_

**DEBRA BOOHER & ASSOCIATES Co., LPA**

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**MONTHLY EXPENSES:**

**Dependents:**

**NAME                      Age                      Relationship** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rent                                      \$ \_\_\_\_\_

Mortgage                                \$ \_\_\_\_\_  
insurance included?    Yes No  
taxes included?                      Yes No

2<sup>nd</sup> mortgage                            \$ \_\_\_\_\_

3<sup>rd</sup> mortgage                            \$ \_\_\_\_\_

prop/renters insurance \$ \_\_\_\_\_  
(if not included in mortgage)

Electricity                              \$ \_\_\_\_\_

Gas                                        \$ \_\_\_\_\_

Water/sewer/garbage \$ \_\_\_\_\_

Telephone                              \$ \_\_\_\_\_

Cable                                      \$ \_\_\_\_\_

Internet                                   \$ \_\_\_\_\_

Cell phn / Pager                      \$ \_\_\_\_\_  
(circle which)

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Home Maintenance                  \$ \_\_\_\_\_

Food                                       \$ \_\_\_\_\_

Clothing                                 \$ \_\_\_\_\_

Laundry/Cleaning                    \$ \_\_\_\_\_

Medical & Dental                    \$ \_\_\_\_\_

Gas, tolls, parking                    \$ \_\_\_\_\_

Charity/tithes/offerings \$ \_\_\_\_\_

Newspaper/Magazines \$ \_\_\_\_\_

Recreation/Entertainmnt \$ \_\_\_\_\_

Life insurance                         \$ \_\_\_\_\_

Health insurance                      \$ \_\_\_\_\_  
(list only if **NOT** deducted from pay)

Taxes--**NOT** deducted                \$ \_\_\_\_\_  
from pay (type of tax: \_\_\_\_\_)

Property taxes                         \$ \_\_\_\_\_  
(if **NOT** incl. in mortgage)

IRS Payment                            \$ \_\_\_\_\_

State or City tax paymt              \$ \_\_\_\_\_

Auto Insur. (monthly)                \$ \_\_\_\_\_

Cars: provide year & model with  
payment amount

Car #1 \_\_\_\_\_ \$ \_\_\_\_\_

Car #2 \_\_\_\_\_ \$ \_\_\_\_\_

Car #3 \_\_\_\_\_ \$ \_\_\_\_\_

Auto repair/maintenance            \$ \_\_\_\_\_

Personal grooming/haircuts \$ \_\_\_\_\_

Postage/bank charges                \$ \_\_\_\_\_

Child care (also incl                \$ \_\_\_\_\_  
baby food, diapers, etc.)

Tuition, books, school                \$ \_\_\_\_\_  
supplies

Student Loan Payment                \$ \_\_\_\_\_

Professional fees, licenses           \$ \_\_\_\_\_

Alimony or support **NOT**              \$ \_\_\_\_\_  
deducted from pay

Household/misc./supplies            \$ \_\_\_\_\_

Pet/Vet supplies/expenses            \$ \_\_\_\_\_

OTHER \_\_\_\_\_ \$ \_\_\_\_\_

OTHER \_\_\_\_\_ \$ \_\_\_\_\_

OTHER \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES**  
**AFTER BANKRUPTCY** \$ \_\_\_\_\_

**(Attorney Use Only-Payments after bankruptcy on  
personal property reaffirmations)**

\_\_\_\_\_ \$ \_\_\_\_\_

**Creditor**

\_\_\_\_\_ \$ \_\_\_\_\_

**Creditor**