

AVERAGE PROJECTED MONTHLY LIVING EXPENSES FOR:

A. HOUSING

- 1. House payment/rent \$ _____
- 2. House repairs and maintenance _____
- 3. Home owner's/renter's insurance _____
- 4. Condominium association fees _____
- 5. Property tax _____
- 6. Security/alarm service _____
- 7. Special repairs _____
- 8. Yard maintenance _____
- 9. Pool maintenance _____
- 10. Pest control _____
- 11. Utility bills
 - a. Telephone
 - Southwestern Bell _____
 - Long distance service _____
 - Cellular phone _____
 - b. Water/sewer/trash - average _____
 - c. Gas - average _____
 - d. Electric - average _____
 - e. Cable _____
 - f. Internet service _____

B. PERSONAL ITEMS FOR MYSELF

- 1. Clothing, shoes, uniforms & misc. _____
- 2. Dry cleaning/professional laundry _____
- 3. Cosmetics _____
- 4. Hair care _____
- 5. Manicure/pedicure _____
- 6. Health club membership _____

C. PERSONAL ITEMS FOR CHILD(REN)

- 1. Clothing, shoes and accessories _____
- 2. Uniforms shoes/equipment for extra-curricular activities _____
- 3. Diapers _____
- 4. Hair care _____
- 5. Dry cleaning/professional laundry _____
- 6. Allowance _____

D. HOUSEHOLD EXPENSES

- 1. Grocery store items _____
- 2. Meals out _____
- 3. Discount Stores _____
- 4. Maid service _____
- 5. House sitting _____
- 6. Replacement of appliances, etc. _____
- 7. Stamps _____
- 8. Laundromat _____
- 9. Answering service _____
- 10. Post office box _____
- 11. Bank service charges and deposit box _____
- 12. Computer supplies _____

E. TRANSPORTATION

- 1. Car payment/replacement _____
- 2. Gasoline _____
- 3. Oil changes _____
- 4. Car maintenance and repairs _____
- 5. Car cleaning _____
- 6. Car insurance _____
- 7. Tag _____

F. HEALTH EXPENSES FOR MYSELF

- 1. Dentist _____
- 2. Doctor _____
- 3. Hospital _____
- 4. Health insurance _____
- 5. Prescription drugs _____
- 6. Orthodontist _____
- 7. Therapist _____
- 8. Massage _____
- 9. Eye care _____
 - a. Exam _____
 - b. Prescription _____
- 10. Vitamins _____
- 11. Other _____

G. HEALTH EXPENSES FOR CHILD(REN)

- 1. Dentist _____
- 2. Doctor _____

- 3. Hospital _____
- 4. Health insurance _____
- 5. Prescription drugs _____
- 6. Orthodontist _____
- 7. Therapist _____
- 8. Eye care _____
- a. Exam _____
- b. Prescription _____
- 9. Other _____

H. EDUCATION OR CONTINUING EDUCATION FOR EMPLOYMENT FOR MYSELF

- 1. Tuition _____
- 2. Books _____
- 3. Transportation _____
- 4. Unreimbursed employment expenses _____
- 5. Professional dues _____
- 6. Other _____

I. EDUCATION FOR CHILD(REN)

- 1. Tuition _____
- 2. School lunches _____
- 3. School supplies _____
- 4. Books _____
- 5. Transportation _____
- 6. Extra-curricular activities _____
- a. _____
- b. _____
- c. _____

J. CHILD CARE _____

K. CHILD SUPPORT _____

L. ALIMONY _____

M. ENTERTAINMENT

- 1. Vacations _____
- 2. Country club dues _____
- 3. Miscellaneous entertainment _____
- 4. Other _____

N. MISCELLANEOUS INSURANCE

- 1. Life _____
- 2. Disability _____

O. RETIREMENT SAVINGS

- 1. Withheld by employer _____
- 2. Not withheld by employer _____

P. GIFTS

- 1. Christmas _____
- 2. Birthday _____
- 3. Church donations _____
- 4. Other donations _____

Q. SUBSCRIPTIONS

- 1. Newspaper _____
- 2. Books _____
- 3. CD's _____
- 4. Magazines _____

R. PETS

- 1. Veterinary care _____
- 2. Grooming _____
- 3. Food _____
- 4. Pet products _____
- 5. Pet sitting _____

S. CREDIT CARDS (with balances)

- 1. _____
- 2. _____
- 3. _____

T. OTHER DEBTS

- 1. Attorney fees _____
- 2. Accountant fees _____
- 3. Taxes for Support Alimony, if any _____

TOTAL \$ _____