

MONTHLY EXPENSE STATEMENT

Name:

Date:

[PLEASE PREPARE AND INSERT THESE FIGURES ONTO PAGE 3 OF THE INCOME & EXPENSE DECLARATION]
[THE EXPENSES SHOULD REFLECT AN AVERAGE FOR THE LAST 12 MONTHS]

12. PERSONS LIVING WITH YOU

Name	Age	Relationship	Gross Monthly Income	Pays some of the Household Expenses? Y/N

13. AVERAGE MONTHLY EXPENSES LISTED ARE:

☐ Estimated Expenses ☐ Actual Expenses ☐ Proposed Needs

13a.(1) RESIDENCE PAYMENTS

Rent, Mortgage, Real Estate Loans	Monthly Amount
Rent	
First trust deed (mortgage)	
Second trust deed (mortgage)	
Home improvement loan(s)	
Total - Rent, Mortgage, Real Estate Loans	

(2)

If Mortgage, Include:	Monthly Amount
Average principal	
Average interest	
Total - Principal and Interest	

(3)

Real Property Taxes	Monthly Amount
Real property taxes	
Total - Real Property Taxes	

13a.(4) RESIDENCE PAYMENTS (continued)

Homeowners/Renters Insurance & Homeowners Assoc. Dues (If Not Included Above)	Monthly Amount
Homeowners insurance	
Renters insurance	
Homeowners association dues	
Total - Homeowners/Renters Insurance/HOA dues	

(5)

Maintenance and Repair	Monthly Amount
Gardener/gardening supplies	
Domestic help	
Pool service	
Pest control	
Security system	
Trash hauling	
Cleaning services (windows, carpets, etc.)	
Appliance maintenance/repair	
Minor household repairs	
Major repairs/painting	
Other (please indicate)	
Total - Maintenance and Repair	

13b. HEALTH-CARE COSTS (NOT COVERED BY INSURANCE) - SELF

Description	Monthly Amount
Medical costs in excess of insurance coverage (including deductible)	
Dental costs in excess of insurance coverage (including deductible)	
Orthodontia	
Prescriptions in excess of insurance coverage	
Non-prescription drugs/vitamins	
Eye care/glasses/contact lenses	
Therapy in excess of insurance coverage	
Physical fitness	
Other (please indicate)	
Total - Health-care Costs	

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HEALTH-CARE COSTS (NOT COVERED BY INSURANCE) – MINOR CHILD(REN)

Description	Monthly Amount
Medical costs in excess of insurance coverage (including deductible)	
Dental costs in excess of insurance coverage (including deductible)	
Orthodontia	
Prescriptions in excess of insurance coverage	
Non-prescription drugs/vitamins	
Eye care/glasses/contact lenses	
Therapy in excess of insurance coverage	
Physical fitness	
Other (please indicate)	
Total – Health-care Costs	

Sub Total – Health care Costs (Self)	
Sub Total - Health care Costs [Minor Child(ren)]	
TOTAL – Health Care Costs	

13c. CHILDCARE/CHILD RELATED EXPENSES FOR MINOR CHILD(REN)

Description	Monthly Amount
Childcare (during workday)	
Babysitting	
Camp (yearly total divided by 12)	
Lessons	
Tutoring	
Sports activities	
Clubs	
Allowances	
Lunch/milk money	
Entertainment/recreation	
Other (please indicate)	
Total – Childcare	

13d. GROCERIES AND HOUSEHOLD SUPPLIES

Description	Monthly Amount
Groceries	
Household supplies	
Costco	
Water (bottled)	
Other (please indicate)	
Total – Groceries and Household Supplies	

13e. EATING OUT

Description	Monthly Amount
Lunch	
Dinner	
Other	
Total - Eating Out	

13f. UTILITIES

Description	Monthly Amount
Gas/electric	
Water (city)/sewer	
Cable/satellite television	
Trash	
Other (Please Indicate)	
Total - Utilities	

13g. TELEPHONE / CELL PHONE / E-MAIL

Description	Monthly Amount
Basic	
Long distance	
Cellular phone – SELF	
Cellular phone – MINOR CHILD(REN)	
Internet service	
Total – Telephone/Cell Phone/E-Mail	

13h. LAUNDRY/CLEANING

Description	Monthly Amount
Laundry	
Cleaning	
Total - Laundry/Cleaning	

13i. CLOTHES

Description	Monthly Amount
Normal expenditures	
Shoes	
Alterations/repairs	
Minor Children's clothing	
Minor Children's shoes	
Other (please indicate)	
Total – Clothes	

13j.

EDUCATION - SELF

Description	Monthly Amount
Tuition	
Housing	
Books/supplies	
Uniforms	
Tutoring	
Parking	
Other (please indicate)	
Sub Total - Education (Self)	

EDUCATION - MINOR CHILD(REN)

Description	Monthly Amount
Tuition	
Housing	
Books/supplies	
Uniforms	
Parking	
Other	
Sub Total - Education [Minor Child(ren)]	

Sub Total - Education (Self)	
Sub Total - Education [Minor Child(ren)]	
TOTAL - Education	

13k.

ENTERTAINMENT / GIFTS / VACATION

Description	Monthly Amount
Vacations/travel	
Theater/concert tickets	
Sporting events	
Weekend entertainment	
Books/magazines/newspapers	
Audio/video	
Social club dues	
Gifts	
Lessons	
Other (please indicate)	
Total - Entertainment / Gifts / Vacation	

13l. **AUTO EXPENSES and TRANSPORTATION (UNREIMBURSED BY EMPLOYER)
SELF**

Description	Monthly Amount
Gas/oil	
Repairs/maintenance	
Tires	
Parking	
Insurance	
Washing/waxing	
License/registration	
Smog certificate	
Total - Transportation/Auto Expenses [SELF]	

AUTO EXPENSES and TRANSPORTATION - MINOR CHILD(REN)

Description	Monthly Amount
Gas/oil	
Repairs/maintenance	
Tires	
Parking	
Insurance	
Washing/waxing	
License/registration	
Smog certificate	
Total - Transportation/Auto Expenses [MINOR CHILD(REN)]	

Sub Total - Auto Expenses (Self)	
Sub Total - Auto Expenses [Minor Child(ren)]	
TOTAL - Transportation/Auto Expenses	

13m.

INSURANCE

Description	Monthly Amount
Life	
Disability	
Mortgage life insurance	
Personal property insurance	
Umbrella insurance	
Other (please indicate)	
Total - Insurance	

13n. SAVINGS and INVESTMENTS

Description	Monthly Amount
Savings	
Investments	
Other (please indicate)	
Total - Savings and Investments	

13o. CHARITABLE CONTRIBUTIONS

Description	Monthly Amount
Charitable Contributions	
Other (please indicate)	
Total - Charitable Contributions	

13p. INSTALLMENT PAYMENTS (Credit cards / auto payments, etc.)

Paid To	Payment for	Monthly Payment	Current Balance	Last Payment Date

TOTAL

\$

13q. OTHER/INCIDENTALS -SELF

Description	Monthly Amount
Hairdresser/barber	
Skincare/manicures	
Cosmetics/sundries	
Pet care/veterinarian	
Safe deposit box	
Postage stamps/delivery services	
Hobbies	
Professional services (please indicate)	
Estate planning	
Financial planning	
Bookkeeping	
Income tax services	
Other (please indicate) (checks)	
Total - Other/Incidentals - SELF	

OTHER/INCIDENTALS - MINOR CHILD(REN)

Description	Monthly Amount
Hairdresser/barber	
Skincare/manicures	
Cosmetics/sundries	
Total - Other/Incidentals - MINOR CHILD(REN)	

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EXPENSES FOR ADULT CHILD(REN)

Description	Monthly Amount
HEALTH CARE COSTS FOR ADULT CHILD(REN):	
Medical costs in excess of insurance coverage (including deductible)	
Dental costs in excess of insurance coverage (including deductible)	
Orthodontia	
Prescriptions in excess of insurance coverage	
Non-prescription drugs/vitamins	
Eye care/glasses/contact lenses	
Therapy in excess of insurance coverage	
Physical fitness	
Other (please indicate)	
TELEPHONE/CLOTHING EXPENSES FOR ADULT CHILD(REN):	
Cellular phone	
Adult Child(ren)'s clothing	
Adult Child(ren)'s shoes	
EDUCATION FOR ADULT CHILD(REN):	
Tuition	
Housing	
Books/supplies	
Uniforms	
Parking	
Other (please indicate)	
AUTO EXPENSES and TRANSPORTATION FOR ADULT CHILD(REN):	
Gas/oil	
Repairs/maintenance	
Tires	
Parking	
Insurance	
Washing/waxing	
License/registration	
Smog certificate	
OTHER/INCIDENTALS - ADULT CHILD(REN):	
Hairdresser/barber	
Skincare/manicures	
Cosmetics/sundries	
Total - Other EXPENSES - ADULT CHILD(REN)	

Sub Total - Other/Incidentals (Self)	
Sub Total - Other/Incidentals [Minor Child(ren)]	
Sub Total - Other Expenses for Adult Children	
TOTAL - Other/Incidentals	

GRAND TOTAL: \$ _____

MEDICAL INSURANCE PREMIUMS: (DO NOT INCLUDE IN TOTAL)

- SELF: \$ _____
 - CHILD(REN): \$ _____
- TOTAL: \$ _____