

MONTHLY BUDGET/OUT OF POCKET EXPENSES

Please list what you actually spend for the following expenses that apply. **If you are living with another person or sharing expenses list what you actually pay out of pocket.** You should review your monthly bank statements, debit card transactions to determine irregular yearly expenses to plan for the monthly amount.

Mortgage/Rent..... _____
2nd Mortgage..... _____
Electricity/Gas..... _____
Water/Sewer..... _____
Phone..... _____
Propane/Fuel Oil Monthly Average..... _____
Cable/Satellite TV..... _____
Home Maintenance..... _____
Food/Groceries per month..... _____
Clothing..... _____
Laundry/Uniforms..... _____
Medical/ unreimbursed meds and reg. Copays..... _____
Gasoline..... _____
Recreation..... _____
Charities/Tithes to _____ Amount _____
Insurance: **NOT DEDUCTED FROM PAY**
 Home..... _____
 Life..... _____
 Health...**NOT DEDUCTED FROM PAY** _____
 Auto..... _____
Property Tax Not With Mortgage..... _____
Auto/Truck..... _____
Auto/Truck..... _____
Long Distance Telephone..... _____
Cell Phone..... _____
Internet..... _____
Trash..... _____
Auto Repairs/Maintenance AVERAGE..... _____
School Lunches..... _____
Work Lunches..... _____
Haircare..... _____
Children's Activities/sports/hobbies..... _____
Daycare..... _____
Pets..... _____
Cigarettes..... _____
Student Loan Payments..... _____

I must match your 6 months average income to a pay history. I must have a history for husband and wife even if only one is filing. Please fax to 785-2531, e-mail to dsnyder7@cinci.rr.com, mail to 5127 Pleasant Ave., Fairfield, Ohio 45014, or bring to your appointment.