**FINANCIAL INFORMATION STATEMENT OF**

|  |  |  |
| --- | --- | --- |
|   | **A. MONTHLY EXPENSES** |   |
|   |   |   |
|   |   |   |
|   | HOUSEHOLD |   |
| 1 | Mortgage Payment |   |
| 2 | Rent |   |
| 3 | Telephone |   |
| 4 | Cellular Phone |   |
| 5 | Beeper |   |
| 6 | Cable TV |   |
| 7 | Water |   |
| 8 | Electricity |   |
| 9 | Gas |   |
| 10 | Homeowner or Tenant Insurance |   |
| 11 | Furniture Payment |   |
| 12 | Repairs and Maintenance |   |
| 13 | Household Furnishings |   |
| 14 | Groceries |   |
| 15 | Painting |   |
| 16 | Window Washing |   |
| 17 | Vehicle License & Registration |   |
| 18 | Real Estate Taxes |   |
| 19 | Expenses related to other real estate |   |
| 20 | School and/or Work Lunches |   |
| 21 | Carpet Cleaning |   |
| 22 | Lawn Mowing and Yard Maintenance |   |
| 23 | Domestic Help |   |
| 24 | Neighborhood Co-op Patrol/Security/Association Fee |   |
| 25 | Other  |   |
|   |   |   |
|   | AUTO AND TRANSPORT  |   |
| 26 | Car Payment |   |
| 27 | Car Insurance |   |
| 28 | Car Rental |   |
| 29 | Gasoline and Oil |   |
| 30 | Car Maintenance and Repair |   |
| 31 | Bus or Other Transportation |   |
| 32 | Car Washing |   |
| 33 | Parking  |   |
| 34 | Other |   |
|   |   |   |
|   | MEDICAL/DENTAL FOR CHILDREN (no coverage by ins.) |   |
| 35 | Medical Doctor |   |
| 36 | Dentist |   |
| 37 | Orthodontist |   |
| 38 | Optometrist or Ophthalmologist |   |
| 39 | Pharmaceuticals |   |
| 40 | Counseling |   |
| 41 | Allergist |   |
| 42 | Speech, Physical or Occupational Therapy |   |
| 43 | Glasses/Contacts |   |
| 44 | Other  |   |
|   |   |   |
|   | MEDICAL/DENTAL FOR SELF (not covered by ins.) |   |
| 45 | Medical Doctor |   |
| 46 | Dentist |   |
| 47 | Orthodontist |   |
| 48 | Optometrist or Ophthalmologist |   |
| 49 | Pharmaceuticals |   |
| 50 | Counseling |   |
| 51 | Allergist |   |
| 52 | Speech, Physical or Occupational Therapy |   |
| 53 | Glasses/Contacts |   |
| 54 | Other |   |
|  |   |   |
|   | INSURANCE |   |
| 55 | Life Insurance |   |
| 56 | Medical Insurance |   |
| 57 | Other Insurance  |   |
|   |   |   |
|   | PERSONAL CHILDREN |   |
| 58 | Clothing  |   |
| 59 | Laundry |   |
| 60 | Contributions and Donation (Charity/Religious) |   |
| 61 | School Tuition, Supplies and Costs |   |
| 62 | Barber/Hairdresser |   |
| 63 | Allowance |   |
| 64 | Entertainment  |   |
| 65 | Gifts to Children |   |
| 66 | Vacation |   |
| 67 | Child Care |   |
| 68 | Babysitting |   |
| 69 | Gymnastics  |   |
| 70 | Athletics |   |
| 71 | Swimming Lessons |   |
| 72 | Summer Break Expenses |   |
| 73 | Fall Break Expenses |   |
| 74 | Christmas break |   |
| 75 | Spring Break Expenses |   |
| 76 | School Pictures |   |
| 77 | Diapers and Formula |   |
| 78 | Pet  |   |
| 79 | Meals Out |   |
| 80 | Other  |   |
|   |   |   |
|   | PERSONAL SELF |   |
| 81 | Clothing  |   |
| 82 | Laundry and Dry Cleaning |   |
| 83 | Barber/Hairdresser |   |
| 84 | Entertainment |   |
| 85 | Gifts |   |
| 86 | Personal Toiletries |   |
| 87 | Vacations |   |
| 88 | Clubs |   |
| 89 | Veterinarian |   |
| 90 | Computer/Internet |   |
| 91 | Alterations |   |
| 92 | Work Expenses |   |
| 93 | Care for Parents |   |
| 94 | Contributions and Donation (Charity/Religious) |   |
| 95 | Financial Planning |   |
| 96 | Meals Out |   |
| 97 | Dues |   |
| 98 | Other |   |
|  |   |   |
|   | MISCELLANEOUS |   |
| 99 | Savings |   |
| 100 | Newspaper |   |
| 101 | Magazine and Other Subscription |   |
| 102 | Bank and Check Charges |   |
| 103 | Film Developing |   |
| 104 | Child Support Payments |   |
| 105 | Attorney' s Fees |   |
| 106 | Postage |   |
| 107 | Other |   |
|  |   |   |
|   | OTHER PAYMENTS OWED |   |
| 108 | MasterCard |   |
| 109 | Visa |   |
| 100 | Discover |   |
| 101 | American Express |   |
| 102 | Best Buy |   |
| 103 | Bank of America |   |
| 104 | Target |   |
| 105 | Personal loan  |   |
| 106 | **Total Estimated Monthly Expenses** |  |
|  |   |   |
|   | **B. INCOME STATEMENT** |   |
|   |   |   |
| 1 | Gross Income (Include Commissions, Tips & Bonuses) |   |
| 2 | Self Employment Income |   |
| 3 | Royalty Income |   |
| 4 | Interest income |  |
|   | **Total Income:** |  |
|   |   |   |
| 5 | Federal Income Tax Withholding |   |
| 6 | ATPE  |   |
| 7 | Medicare |   |
| 8 | Health Insurance (Children's portion: $  |   |
| 9 | Union Dues |   |
| 10 | Life Insurance |   |
| 11 | Disability Insurance |   |
| 12 | Savings Account |   |
| 13 | Dental Insurance |   |
| 14 | Retirement |   |
| 15 | Other - (additional withholding) |   |
|   | **Total Deductions** |  |
|   | **Total Estimated Net Income** |  |
|   | **Total Estimated Personal Monthly Expenses** |   |
|   |   |   |
|   | **Total Estimated Overage/Deficiency** |  |