**FINANCIAL INFORMATION STATEMENT OF**

|  |  |  |
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|  | **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** |  |