



Monthly Liabilities - Bills

Credit Cards (number of cards and amounts due total)	
Insurance not deducted from salary	
Auto Insurance	
Alimony	
Child Support	
Child Care	
Other loans (list separately)	
Telephone - Cell Phones	
Utilities - gas, electric, water, trash	
Gas/Parking	
Donations	
Cleaning Supplies	
Newspapers/magazines	
Entertainment	
Cable - computer - internet	
Medical Bills	
Student Loans	
Food	
Eating Out	
Home Security	
Appliance Rent	
Other/Misc.	
Clothes - Dry cleaning	
Auto Maintenance	
Mortgage - rent payment	
	Total

Total Monthly Income:	Total Monthly Expenses:
-----------------------	-------------------------

We the undersigned believe this information to be true and accurate to the best of our knowledge.

Name	Date	Name	Date
------	------	------	------