

Income			Expenses	
Dependents of Debtor & Spouse				
			1. Rent or home mortgage payment (include 1st & 2nd Liens)	
			2. Utilities: a. Electricity and heating fuel	
			b. Water & Sewer	
			c. Telephone	
			d. Internet	
			e. Cable	
			f. Gas	
			3. Home maintenance (repairs & upkeep)	
			4. Food	
			5. Clothing	
			6. Laundry and dry cleaning	
			7. Medical and dental Expenses	
			8. Transportation (Gas & vehicle repairs & upkeep)	
			9. Recreation, clubs, and entertainment, newspaper, magazines, etc.	
			10. Charitable Contributions	
			11. Insurance (not deducted from wages or included in home mortgage payments)	
			a. Homeowner's or renter's	
			b. Life	
			c. Health	
			d. Auto	
			e. Other:	
			12. Taxes (not deducted from wages or included in home mortgage payments)	
			Speify: _____	
			13. Instalment payments:	
			a. Auto 1	
			b. Auto 2	
			c. Other:	
			d. Other:	
			14. Alimony, maintenance, and support paid to others:	
			15. Payments for support of add'l dependents not living at your home:	
			16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	
			17. a. Other:	
			17. b. Other:	
			18. AVERAGE MONTHLY EXPENSES:	
			19. STATEMENT OF MONTHLY NET INCOME	
			a. Average monthly income from line 16 of Income	
			b. Average monthly expenses from line 18 of Expenses	
			c. Monthly Net Income (a minus b)	

INCOME (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Monthly gross wges, salary, and commissions (Prorate if not paid monthly)		
2. Estimate monthly overtime		
3. SUBTOTAL		
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes		
b. Social Security Tax		
c. Medicare		
d. Insurance		
e. Union dues		
f. Retirement		
g. 401 K Loan		
5. SUBTOTAL OF PAYROLL DEDUCTIONS		
6. TOTAL NET MONTHLY TAKE HOME PAY		
7. Regular income from operation of business or profession or farm (Attach detailed stmt)		
8. Income from real property		
9. Interest and dividends		
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.		
11. Social Security or government assistance (Specify):		
12. Pension or retirement income		
13. Other monthly income (Specify)		
a. _____		
b. _____		
c. _____		
16. COMBINED AVERAGE MONTHLY INCOME:		