| Name:________________________________________ | Month:_________________________________ | Year:__________ |

**GENERAL**
- Marital Status: __________________________
- Number of Exemptions Claimed
- Primary Level of Education Completed
- Number of Dependents
- Secondary Level of Education Completed

**HOME**
- 1st Mortgage
- All Other Mortgages
- 1st Equity Loan
- All Other Equity Loans
- Rent
- Home Insurance
- Property Taxes
- Condo Fees
- Lot Rent
- Security System
- Lawn Care
- Other - Home

**LIVING**
- Groceries
- Lunch/Snacks at work
- Restaurants/Take Out
- Clothing
- Laundry/Dry Cleaning
- Religious/Charity Donations
- Movies/Concerts/Sports Events
- Video Rentals/Services
- Pet Care
- Hobbies/Habits
- Hair Cuts/Beauty Shop
- Birthdays/Gifts
- Vacations
- Other-Living

**UTILITIES**
- Electric
- Gas/Propane
- Oil
- Water/Sewer
- Garbage/Trash Removal
- Home Phone
- Cable/Satellite
- Internet
- Bundled Services
- Cell Phone
- Other - Utilities

**CHILD CARE**
- Day Care
- Child Support
- Schooling/Tuition
- School Lunches
- Baby Sitting
- Activities
- Sports
- Allowances
- Other-Child Care

**AUTO**
- 1st Auto Loan
- All Other Auto Loans
- Auto Insurance
- Gas
- Maintenance
- Public Transport/Taxi
- Parking/Tolls
- Auto Inspection
- Registration Fees
- Excise Taxes
- Other - Auto

**MEDICAL & INSURANCE**
- Health Insurance
- Life Insurance
- Other-Insurance
- Doctor Bills
- Dentist Bills
- Prescriptions
- Doctor Visits/Deductibles
- Other-Medical

**INCOME**
- Primary Gross Income Monthly
- Primary Net Income Monthly
- Secondary (if married) Gross Monthly
- Secondary (if married) Net Monthly
- Any other Sources of Income
- Estimated Annual Tax Return

**ASSETS**
- Home Equity
- Checking-Savings
- Money Market
- Other
- Other

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