

Current Expense Worksheet

Living Expenses (monthly)

Food	Groceries.....	\$ _____
	Lunches.....	\$ _____
	Restaurant.....	\$ _____
	Fast Food.....	\$ _____
Shelter	See Page 2	
Clothing		\$ _____
Transportation	Car/Lease Payment.....	See page 3
	Gas.....	\$ _____
	Maintenance...	See page 3
	Registration/ License.....	\$ _____
	Insurance.....	See page 3
	Parking.....	\$ _____
	Public Transport.....	\$ _____
Education	Tutor.....	\$ _____
	Private school	\$ _____
	University.....	\$ _____
	College.....	\$ _____
	Other.....	\$ _____
Medical	Dental.....	\$ _____
	Massage.....	\$ _____
	Chiropractor...	\$ _____
	Prescriptions..	\$ _____
Support Payments	Spousal Support	\$ _____
	Child Support	\$ _____
Other	Child care.....	\$ _____
	Pets.....	\$ _____

Lifestyle Expenses (monthly)

Lessons	Dance/Music	\$ _____
	Sports	\$ _____
	Other	\$ _____
Camp	Day	\$ _____
	Overnight	\$ _____
Vacations	Summer.....	\$ _____
	Winter.....	\$ _____
Donations	Charities	\$ _____
	Religious	\$ _____
	Overnight	\$ _____
Gifts	General	\$ _____
	Other	\$ _____
	Other	\$ _____
Entertainment		\$ _____
Alcohol		\$ _____
Home Improvements		\$ _____
Other	Life Insurance..	\$ _____

Shelter

Rented home
(house, townhouse, condo, apartment)

Annual rent expense	\$	
Contents insurance	\$	

Owned home
(house, townhouse, condo)

	<input type="checkbox"/>	Jointly owned	or	<input type="checkbox"/>	_____	%	_____	%
					name		name	
Current value						\$		
Property taxes						\$		
Operating Expenses						\$		
		Heat				\$		
		Hydro				\$		
		Water and sewer ...				\$		
		Telephone				\$		
		Cable TV/Internet...				\$		
		Parking.....				\$		
		Insurance				\$		
		Other				\$		
Condominium fees						\$		
Housekeeper						\$		
Other						\$		

Owned vacation home
(cottage, chalet, condo, "sunbelt")

	<input type="checkbox"/>	Jointly owned	or	<input type="checkbox"/>	_____	%	_____	%
					name		name	
Current value						\$		
Property taxes						\$		
Operating Expenses						\$		
		Heat				\$		
		Hydro				\$		
		Water and sewer ...				\$		
		Telephone				\$		
		Cable TV/Internet...				\$		
		Garbage/recycle ...				\$		
		Parking.....				\$		
		Other				\$		
Condominium fees						\$		
Housekeeper						\$		
Other						\$		

Vehicles

Type Car Van SUV Other _____ Other _____

Lease (Monthly Cost)\$ _____ Annual Expenses (own or lease)

Own (Replacement Cost) ... \$ _____ Insurance ... \$ _____ Operating \$ _____

Replace Every ___ Years Maintenance \$ _____

Type Car Van SUV Other _____ Other _____

Lease (Monthly Cost)\$ _____ Annual Expenses (own or lease)

Own (Replacement Cost) ... \$ _____ Insurance ... \$ _____ Operating \$ _____

Replace Every ___ Years Maintenance \$ _____

Type Car Van SUV Other _____ Other _____

Lease (Monthly Cost)\$ _____ Annual Expenses (own or lease)

Own (Replacement Cost) ... \$ _____ Insurance ... \$ _____ Operating \$ _____

Replace Every ___ Years Maintenance \$ _____

Liabilities

If you have more than one type of liability, please copy this page and complete it for each liability.

Mortgage Initial payment date (mm/dd/yyyy) _____ / _____ / _____

Frequency Monthly

Semi-monthly

Bi-weekly

Accelerated bi-weekly

Weekly

Accelerated weekly

Term (years/months) _____ / _____

Amortization (years) _____

Interest rate _____ %

Current balance \$ _____

Payment \$ _____

Line of Credit Secured Deductible

Unsecured

Credit limit \$ _____

Outstanding balance \$ _____

Interest rate _____ %

Payment \$ _____

Credit Cards Outstanding balance \$ _____

Interest rate _____ %