

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## 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	\$	_____
	\$	_____

**Gifts**

General .....	\$	_____
Other .....	\$	_____
Other .....	\$	_____

**Entertainment** \$ \_\_\_\_\_

**Alcohol** \$ \_\_\_\_\_

**Home Improvements** \$ \_\_\_\_\_

**Other** Life Insurance.. \$ \_\_\_\_\_



## 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 ..... \_\_\_\_\_ %