

Name: _____

DEBRA BOOHER & ASSOCIATES Co., LPA

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MONTHLY EXPENSES:

Dependents:

NAME Age Relationship

Rent \$ _____

Mortgage \$ _____
 insurance included? Yes No
 taxes included? Yes No

2nd mortgage \$ _____

3rd mortgage/HOA \$ _____

prop/renters insurance \$ _____
 (if not included in mortgage)

Electricity \$ _____

Gas \$ _____

Water/sewer/garbage \$ _____

Telephone \$ _____

Cable \$ _____

Internet \$ _____

Cell phn / Pager \$ _____
 (circle which)

Other: _____ \$ _____

Home Maintenance \$ _____

Food \$ _____

Clothing \$ _____

Laundry/Cleaning \$ _____

Medical & Dental \$ _____

Gas, tolls, parking \$ _____

Charity/tithes/offerings \$ _____

Newspaper/Magazines \$ _____

Recreation/Entertainmnt \$ _____

Life insurance \$ _____

Health insurance \$ _____
 (list only if **NOT** deducted from pay)

Taxes--**NOT** deducted \$ _____
 from pay (type of tax: _____)

Property taxes \$ _____
 (if **NOT** incl. in mortgage)

IRS Payment \$ _____

State or City tax paymt \$ _____

Auto Insur. (monthly) \$ _____

Cars: provide year & model with
 payment amount

Car #1 _____ \$ _____

Car #2 _____ \$ _____

Car #3 _____ \$ _____

Auto repair/maintenance \$ _____

Personal grooming/haircuts \$ _____

Postage/bank charges \$ _____

Child care (also incl \$ _____
 baby food, diapers, etc.)

Tuition, books, school \$ _____
 supplies

Student Loan Payment \$ _____

Professional fees, licenses \$ _____

Alimony or support **NOT** \$ _____
 deducted from pay

Household/misc./supplies \$ _____

Pet/Vet supplies/expenses \$ _____

OTHER _____ \$ _____

OTHER _____ \$ _____

OTHER _____ \$ _____

TOTAL MONTHLY EXPENSES
AFTER BANKRUPTCY \$ _____

**(Attorney Use Only-Payments after bankruptcy on
 personal property reaffirmations)**

_____ \$ _____

Creditor

_____ \$ _____

Creditor