

YOUR NAME: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

MONTHLY BUDGET ON \_\_\_\_\_ (DATE)

**INSTRUCTIONS:** Please complete this budget. Please estimate your income and expenses based on a monthly average of your yearly income or expense for the last twelve months. For example, if your yearly expenses for clothing is \$600.00 then your monthly budget expense is \$50.00 even though you might spend the \$600.00 over one or two months. Likewise make an expense application for reoccurring items that do not happen monthly but are going to happen in the future. For example, car repairs or medical bills are not normally monthly expenses but when they do occur the amount is typically large. Estimate your yearly expenditures and then divide by twelve and make an allocation for that amount in your budget.

1. Marital Status: MARRIED SINGLE DIVORCED SEPARATED (Circle One)

2. INDIVIDUAL DEBTOR SPOUSE

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

How Long: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

3. DEPENDENTS	Name	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**MONTHLY INCOME (PLEASE STAPLE/ATTACH SIXTY DAYS OF YOUR MOST RECENT PAY STUBS)**

Pay Period.....(Circle One) (Our computer will calculate your monthly income) from your pay period)	DEBTOR	SPOUSE
	Weekly Bi-Weekly 2-Month Monthly	Weekly Bi-Weekly 2-Month Monthly
Gross Pay per Pay Period.....	\$ _____	_____
Estimated Overtime per Pay Period .....	\$ _____	_____

**PAYROLL DEDUCTIONS PER PAY PERIOD**

Federal Income Taxes.....	\$ _____	_____
Social Security Tax .....	\$ _____	_____
Medicare Tax .....	\$ _____	_____
Health Insurance .....	\$ _____	_____
Life Insurance .....	\$ _____	_____
Union Dues .....	\$ _____	_____
Other Deduction per Pay Period: (Describe)_____	\$ _____	_____
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Other Deduction per Pay Period: (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

Monthly Regular Income from Business, Profession or Farm/(Self Employment Income) This is a Gross Number/Complete Business Expenses Below:..... \$ \_\_\_\_\_

Monthly Income from Real Property ..... \$ \_\_\_\_\_

Monthly Interest and Dividends ..... \$ \_\_\_\_\_

Monthly Pension or Retirement Income ..... \$ \_\_\_\_\_

Monthly Alimony, Maintenance or Support Payments ..... \$ \_\_\_\_\_

Social Security or Other Government Assistance: (Describe): \_\_\_\_\_ \$ \_\_\_\_\_

Social Security or Other Government Assistance: (Describe): \_\_\_\_\_ \$ \_\_\_\_\_

Other Monthly Income: (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

Other Monthly Income (Describe) \_\_\_\_\_ \$ \_\_\_\_\_

Itemize Income changes of more than 10% expected in the next 12 months:

**AVERAGE MONTHLY EXPENSES - DO NOT GIVE YEARLY OR WEEKLY EXPENSES – Means Test \* Limited**

	Spouse/only if Separated	Debtor/ Spouse
Rent/Mortgage/Lot-Rental (Include Mobile Home Payment/ <b>Additional Liens</b> )	\$ _____	_____
(Are Property Taxes included in your mortgage ____ Yes ____ No) (Is Insurance included in mortgage ____ Yes ____ No)		
Electricity and Heating Fuel .....	\$ _____	_____
Water and Sewer .....	\$ _____	_____
Telephone ( <b>NOT CELL PHONE, PAGER OR INTERNET</b> see next page) ...	\$ _____	_____
Cable Television *.....	\$ _____	_____
Natural Gas .....	\$ _____	_____
Home Maintenance (lawn, repairs of any type, upkeep, improvements) *.....	\$ _____	_____
Food ( <b>Include eating out</b> ) *.....	\$ _____	_____
Clothing ( <b>Take your yearly expense and divide by 12</b> ) *.....	\$ _____	_____
Laundry and Dry Cleaning *.....	\$ _____	_____
Medical and Dental Expenses ( <b>Include over the counter drugs</b> ).....	\$ _____	_____
Transportation (Include <b>oil, gas, repairs, do not include car payments</b> ) *.....	\$ _____	_____
Recreation, Clubs, & Entertainment, Newspapers, Magazines (Include Children's Activities) * .....	\$ _____	_____
Charitable Contributions .....	\$ _____	_____
Homeowner's or Renter's Insurance (not if included in house payment).....	\$ _____	_____
Life Insurance ( <u>not</u> if deducted from paycheck).....	\$ _____	_____
Health Insurance ( <u>not</u> if deducted from paycheck).....	\$ _____	_____
Auto Insurance (monthly amount so divide your premium by its term) * .....	\$ _____	_____
Disability Insurance .....	\$ _____	_____
Flood Insurance .....	\$ _____	_____

Other Insurance: (Describe) * : _____	\$ _____	_____
	Spouse/only if Separated	Debtor/ Spouse Line
Describe Taxes not included with mortgage or payroll: (Includes estimated income tax payments, property taxes not paid by your mortgage company and other miscellaneous taxes)		
_____	\$ _____	_____
Auto Installment Payment (Do not include if paid in Chapter 13 Plan).....	\$ _____	_____
Auto Installment Payment (Do not include if paid in Chapter 13 Plan).....	\$ _____	_____
Home Owners Association/Community Association .....	\$ _____	_____
Other Installments: (Describe) * _____	\$ _____	_____
Other Installments: (Describe) * _____	\$ _____	_____
Alimony, Maintenance or Child Support:(Do not include if deducted from wages)	\$ _____	_____
Court Ordered Payments other than Alimony or Child Support .....	\$ _____	_____
Education for Employment .....	\$ _____	_____
Expenses for a Physically or Mentally challenged child .....	\$ _____	_____
Childcare .....	\$ _____	_____
Cell Phone, Pagers, Internet or other phone services not previously deducted....	\$ _____	_____
Contributions to Family who are Elderly, Disabled or Ill .....	\$ _____	_____
Education Expenses for children less than 18 not to exceed \$137.50 per child	\$ _____	_____
Regular Expenses from Business, Profession or Farm (complete the next page).	\$ <b><u>See next page</u></b>	<b><u>See next page</u></b>
Other Expenses: (Describe) * _____	\$ _____	_____
Other Expenses: (Describe) * _____	\$ _____	_____
Other Expenses: (Describe) * _____	\$ _____	_____
Other Expenses: (Describe) * _____	\$ _____	_____
Other Expenses: (Describe) * _____	\$ _____	_____
Other Expenses: (Describe) * _____	\$ _____	_____
Other Expenses: (Describe) * _____	\$ _____	_____
<b>TOTAL MONTHLY EXPENSES.....</b>	<b>\$ _____</b>	<b>_____</b>

**PLEASE SEE NEXT PAGE FOR BUSINESS BUDGET**

**BUSINESS INCOME AND EXPENSE**

**For Business cases or self employed individuals only.** All other clients may leave this page blank.

Part A:

1. Gross Income for 12 Months Prior to Filing..... \$ \_\_\_\_\_

Part B:

2. Gross Monthly Income..... \$ \_\_\_\_\_

Estimated Average Future Monthly Expenses

3. Net Employee Payroll (Other than Debtor)..... \$ \_\_\_\_\_

4. Payroll Taxes: ..... \$ \_\_\_\_\_

5. Unemployment Taxes..... \$ \_\_\_\_\_

6. Workers Compensation..... \$ \_\_\_\_\_

7. Other Taxes..... \$ \_\_\_\_\_

8. Inventory Purchases (including raw materials):..... \$: \_\_\_\_\_

9.. Purchase of Feed/Fertilizer/Seed/Spray..... \$ \_\_\_\_\_

10. Rent..... \$ \_\_\_\_\_

11. Utilities..... \$ \_\_\_\_\_

12. Office Expense and Supplies..... \$ \_\_\_\_\_

13. Repairs and Maintenance ..... \$ \_\_\_\_\_

14. Vehicle Expense..... \$ \_\_\_\_\_

15. Travel and Entertainment..... \$ \_\_\_\_\_

16. Equipment Rental and Leases..... \$..... \_\_\_\_\_

17. Legal/Accounting/Other Professional Fees..... \$ \_\_\_\_\_

18. Insurance: ..... \$ \_\_\_\_\_

19. Employee Benefits (pension, medical, etc.)..... \$ \_\_\_\_\_

20. Payments to be made directly by the debtor to Secured Creditors by name:

(Name)\_\_\_\_\_ \$ \_\_\_\_\_

(Name)\_\_\_\_\_ \$ \_\_\_\_\_

(Name)\_\_\_\_\_ \$ \_\_\_\_\_

(Name)\_\_\_\_\_ \$ \_\_\_\_\_

(Name)\_\_\_\_\_ \$ \_\_\_\_\_

21. Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

22. Total (Optional we will total for you if you prefer)..... \$ \_\_\_\_\_