

Monthly Income

Primary Debtor

Spouse/Joint Debtor

Job #1

Job #2

Job #1

Job #2

Pay Interval	_____	_____	_____	_____
Gross \$/Month	\$ _____	\$ _____	\$ _____	\$ _____
Deductions:				
FIT/State	\$ _____	\$ _____	\$ _____	\$ _____
FICA/Med	\$ _____	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____	\$ _____
Union Dues	\$ _____	\$ _____	\$ _____	\$ _____
Retirement	\$ _____	\$ _____	\$ _____	\$ _____
Other (Specify)	\$ _____	\$ _____	\$ _____	\$ _____
Other (Specify)	\$ _____	\$ _____	\$ _____	\$ _____
Net Income	\$ _____	\$ _____	\$ _____	\$ _____

Income from Other Sources	<i>Description</i>		<i>Description</i>
Other Business	\$ _____	_____	\$ _____
Rental Income	\$ _____	_____	\$ _____
Int./Dividends	\$ _____	_____	\$ _____
Alimony/Child	\$ _____	_____	\$ _____
Social Security	\$ _____	_____	\$ _____
Retirement/Pens.	\$ _____	_____	\$ _____
Other (Specify)	\$ _____	_____	\$ _____
Other (Specify)	\$ _____	_____	\$ _____
Other (Specify)	\$ _____	_____	\$ _____
Monthly Income	\$ _____		Monthly Income \$ _____

Total Monthly Income \$ _____

Monthly Expenses

For variable expenses (electric bills, medical bills, etc.), figure how much you typically spend in a year and divide by twelve. Medical expenses should not include insurance premiums. If life/health insurance is deducted from your pay, do not include them as expenses here. If home insurance and property taxes are included in your mortgage payment, do not list them separately.

Rent/Mortgage \$ _____ Includes Taxes Y N Includes Insurance Y N Property Taxes (if not in mortgage) \$ _____	Transportation \$ _____ (Gas, Maintenance) Recreation/Read \$ _____ Charitable \$ _____ Other \$ _____ (Specify) _____ \$ _____	Insurance Home \$ _____ Life \$ _____ Auto \$ _____ Health \$ _____ Other _____
Electricity/Gas \$ _____ Water \$ _____ Telephone/LD \$ _____ Cellular/Pager \$ _____ Cable/Satellite \$ _____ Home Maint. \$ _____ Food/Toiletries \$ _____ Clothing \$ _____ Laundry \$ _____ Medical/Dental \$ _____	Other \$ _____ (Specify) _____ Miscellaneous \$ _____ Child Support/Alimony \$ _____ First Name Age Relationship _____ _____ _____	Dependent Care \$ _____ First Name Age Relationship _____ _____ _____

Total Monthly Expenses \$ _____

Income Minus Expenses \$ _____