

Estimated Monthly Living Expenses for _____

SECTION I

Provide the amount of your monthly expenses. Where indicated, provide the monthly amount you pay for the benefit of the minor children. For expenses that are not incurred each month such as insurance premiums and snow removal, provide the average monthly amount.

A. Housing		B. Utilities	
Rent, Mortgage or Contract for Deed Payment	\$	Heat and Fuel	\$
Second Mortgage Payment	\$	Water	\$
Taxes	\$	Electricity	\$
Insurance	\$	Gas (if separate from heat)	\$
Furniture Rental	\$	Garbage Collection	\$
Subtotal (carry forward to Section II)	\$	Telephone	\$
C. Home Maintenance		Subtotal (carry forward to Section II)	\$
Appliance Repair	\$	D. Lawn & Yard Care	
Decorating	\$	(Including Snow Removal)	
Cleaning	\$	(carry forward Section II)	
Roof Repair	\$	E. Automotive	
Exterior Painting	\$	Gas and Oil	\$
Other:	\$	Maintenance & Repairs	\$
Subtotal (carry forward to Section II)	\$	License Plates & Tabs	\$
F. Food & Household Items (for yourself)		Insurance	\$
Groceries	\$	Installment/Loan Payments	\$
Restaurant	\$	Subtotal (carry forward to Section II)	\$
Subtotal (carry forward to Section II)	\$	G. Personal	
H. Miscellaneous		Grooming	\$
Dues (union or professional)	\$	Laundry & Dry cleaning	\$
Gifts (birthdays, holidays)	\$	Clothing	\$
Church or other Donations	\$	Medical Costs (uninsured portion)	
Books & Magazines	\$	Doctor	\$
Newspapers	\$	Dentist	\$
Postage	\$	Drugs	\$
Entertainment & Recreation (movies, cable tv, health club dues)	\$	Therapist	\$
Other: _____	\$	Insurance Premiums	
Subtotal (carry forward to Section II)	\$	Life	\$
<i>Continued on Side 2</i>		Medical	\$
		Dental	\$
		Disability	\$
		Subtotal (carry forward to Section II)	\$
I. Child Support Payments		J. Spousal Maintenance Payments	
	\$		\$
	(carry forward to Section II)		(carry forward to Section II)

K. Regular Payment on Debts <i>(include credit card payments for items not covered earlier) -</i>	\$	
	<i>(carry forward to Section II)</i>	

L. Expenses Related to Child(ren)			
<i>Number of Children: _____</i>			
Clothing	\$	Grooming	\$
Food	\$	Daycare	\$
Babysitting	\$	Education:	
Medical Expenses (uninsured portion)		<i>Books/Supplies</i>	\$
<i>Doctor</i>	\$	<i>Tuition</i>	\$
<i>Dentist</i>	\$	<i>School Activities</i>	\$
<i>Drugs</i>	\$	<i>Transportation</i>	\$
<i>Therapist</i>	\$	<i>Lunches</i>	\$
Personal Allowance	\$	Extra-curricular Activities <i>(athletic fees, equipment, etc., club dues, lessons, etc., camp)</i>	\$
Subtotal Child-Related Expenses Column 1	\$	Subtotal Child-Related Expenses Column 2	\$
Grand Total Columns 1 & 2 (Child-related Expenses)		\$	<i>(Carry forward to Section II)</i>

SECTION II (Totals)	
M. Visitation Expenses <i>(food, lodging, transport)</i>	\$
A. Total Housing	\$
B. Total Utilities	\$
C. Total Home Maintenance	\$
D. Total Lawn & Yard Care	\$
E. Total Automotive	\$
F. Total Food & Household	\$
G. Total Personal Expenses	\$
H. Total Miscellaneous	\$
I. Total Child Support	\$
J. Total Spousal Maintenance	\$
K. Total Payments on Debt	\$
L. Total Child Related Expenses	\$

Grand Total Monthly Living Expenses
\$