SCHULTE ANDERSON DOWNES ARONSON & BITTNER, P.C.
MONTHLY INCOME AND EXPENSES

FOOD
Groceries (do not include children)	$
Restaurant (do not include children)	$

UTILITIES
Electricity	$
Gas	$
Sewer/water	$
Telephone	$
Cell phone	$
Trash	$
Cable/ Internet	$

HOUSE MAINTENANCE/TAX
Property taxes	$
Maintenance & repairs	$
Landscaping/upkeep etc.	$
Housekeeping services	$

TRANSPORTATION
Car payment	$
Car maintenance & repairs	$
Gas & oil	$
Parking	$
Public transportation	$

MEDICAL CARE (not insured)
Doctor	$
Dentist	$
Orthodontist	$
Eye glasses	$
Medicine (over-the-counter)	$
Prescriptions	$
Therapy	$

CREDIT CARD DEBT
Card	Balance	Payment
	$	$
	$	$
	$	$
	$	$
	$	$
	$	$

INSURANCE (not deducted by employer)
Life	$
Health/Dental	$
Automobile	$
Homeowner's	$
Renters	$

DEBTS
Mortgage/Rent	$
Line of Credit/Second Mortgage	$
Bank Loan (i.e. auto loan)	$
Credit Union	$
Finance Company	$
Student Loans	$
Personal Loans (friend/relative)	$

INCOME
Hourly wage	$
Hours worked each week	$
Gross monthly Income (salary)	$
Tips/Bonuses/Commissions	$

Other Sources of Income
Self-Employment	$
Dividends	$
Interest Income	$
Trust Income	$
Annuity Income	$
Social Security	$
Workers' Compensation Benefits	$
Unemployment	$
Disability Income	$
Expense Reimbursements	$
Other (Specify)	$
Other (Specify)	$
ADC Benefits	$
FCAS (food stamps)	$
Social Security for a child	$
Spousal Support this proceeding	$
Spousal Support – former spouse	$
Child Support – received	$

MISCELLANEOUS EXPENSES
Child support PAID by you	$
Spousal support PAID by you	$
Mandatory Union Dues	$
Food & Household items	$
Medicine & Pharmaceutical	$

HEALTH & DENTAL INSURANCE INFORMATION
	Health	Dental
Name of Insurance Co		
Plan or Group Name		
Plan/Group Number		
Individual ID Number		
Address for Claims		
Phone Number		
Amount Annual Deductable	$	$
Premium paid by you	$	$
Premium to cover you only	$	$
Premium dependents only	$	$