

Expense Sheet

Name: _____

Date: _____

Expense	Amount spent per month	Expense	Amount spent per month
Rent		Medical and dental expenses	
Mortgage - Real Estate Taxes / Ins. Included in payment		Transportation (gas, maintenance, registration, etc.)	
Mortgage - Real Estate Taxes / Ins. NOT Included		Entertainment and recreation	
Taxes (monthly payment)		Charitable contributions	
Insurance (monthly payment)		Renter's Insurance	
Home Maintenance, Repair, and Upkeep		Term Life Insurance (NOT deducted from pay check)	
2 nd Deed of Trust / HELOC		Whole/Unvl Life Insurance (NOT deducted from pay check)	
Homeowner / Condominium Association		Health Insurance (NOT deducted from pay check)	
Electricity and/or Gas (average)		Auto Insurance	
Water, Sewer, Garbage (average)		Personal Property Insurance	
Home Telephone (average)		Taxes (NOT deducted from pay check)	
Cable / Satellite		Automobile Loan/Lease Payment	
Internet		Automobile Loan/Lease Payment	
Cellular		RV/Boat/Luxury Item Payment	
Food and Housekeeping Supplies (average)		Child Support/Alimony (NOT deducted from pay check)	
Child Care and Children's Education costs		Payment to Family Member on Monthly Basis (not court ordered)	
Clothing, Laundry and Dry Cleaning		Other: _____	
Personal Care Products (i.e. shampoo, conditioner)		Other: _____	
Personal Care Services (i.e. haircuts / personal grooming)		Other: _____	

PLEASE NOTE: You do not have to provide proof of your expenses at this time. The expenses that you list are believed to be true. Please make sure that each expense listed is accurate. Obviously, some expenses vary. Just do your best to estimate the monthly expense(s).

PLEASE NOTE: The Trustee, US Trustee or other interested party may require you to provide proof of any expense.