



Monthly Expense Sheet

Besides having to pass the means test, recent cases emphasize the importance of actual expenses in determining eligibility for Chapter 7 or in determining what the monthly payment will be under a Chapter 13 plan. Please complete the following to the best of your ability. Keep in mind that you may be asked to produce backup documentation to prove the accuracy of the expenses you claim. Please sign where indicated at the end of this form.

1. Residence payments

- a. Rent or mortgage _____
- b. are property Taxes included Yes ___ No ___
- c. is homeowners insurance included Yes ___ No ___
- d. Maintenance _____

2. Utilities:

- a. Gas and electric _____
- b. Water & sewer _____
- c. Garbage _____
- d. security _____
- e. cable _____
- f. other utilities _____
- g. telephone _____

- 3. Food at home, school lunches or eating out _____

- 4. Clothing _____
- 5. Laundry/dry cleaning _____
- 6. Medical & dental (not deducted from your paycheck) _____
- 7. Transportation: (gas, oil, repair) _____
- 8. Recreation/clubs/entertainment; newspapers/periodicals/books: _____
- 9. Charitable contributions: _____
- 10. Insurances:
 - a. Homeowners/renters (not included with your mortgage payment) _____
 - b. Life insurance: (not deducted from your paycheck) _____
 - c. Health insurance: (not deducted from your paycheck) _____
 - d. Auto insurance: _____
 - e. Other insurance: _____
- 11. Taxes:
 - a. Real estate property taxes: _____
 - b. Other taxes: _____
- 12. Auto installment payment: _____

13. Other installment payments (this is for only the payments you are keeping after you file bankruptcy):

14. Child support paid:

Name, age of child, relationship of child to debtor/spouse:

- a. _____
- b. _____
- c. _____
- d. _____

15. Child care _____

16. Spousal support:

Enter name, age, and relationship of ex-spouse to debtor/spouse: _____

17. Payments for dependents not living at home Enter name, age, and relationship to debtor/spouse

18. Personal grooming including haircuts (Chapter 13 only) _____

19. Pet expenses including Veterinary (Chapter 13 only) _____

20. Total monthly expenses _____

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I HAVE CAREFULLY READ EACH QUESTION CONTAINED IN THIS FORM AND HAVE ANSWERED THOSE QUESTIONS TO THE BEST OF MY ABILITY.

DATE: _____

SIGNATURE

DATE: _____

SIGNATURE