

Monthly Budget

Your Monthly Gross Income

From Employment:

(If paid weekly, multiply weekly income by 4.3 to arrive at monthly gross income and insert below. If paid every two weeks, multiply two weeks' income by 2.15 and insert below):

| <i>Description</i> | <i>Monthly Amount</i> |
|--|-----------------------|
| Gross Monthly Income: | _____ |
| Gross Monthly Tips/Commissions/Bonuses | _____ |
| SUBTOTAL: | _____ |

From Self-Employment:

| <i>Description</i> | <i>Monthly Amount</i> |
|--|-----------------------|
| Gross Receipts: | _____ |
| Expense Reimbursement: | _____ |
| Rental Income: | _____ |
| Royalty Income: | _____ |
| Less Ordinary/Necessary Expenses: | _____ |
| Plus Monthly Portion of Accelerated Component of any Depreciation Allowance or Investment Tax Credits: | _____ |
| SUBTOTAL: | _____ |

Others Sources of Income:

| <i>Description</i> | <i>Monthly Amount</i> |
|--|-----------------------|
| Dividends: | _____ |
| Interest Income: | _____ |
| Trust Income: | _____ |
| Contract Payments (less underlying debt): | _____ |
| Annuity Income: | _____ |
| Retirement Benefits: Pension/IRA/Keogh (non-soc.sec): | _____ |
| Social Security Income: | _____ |

Workers' Compensation Benefits per week x 4.3= _____
 Unemployment Benefits per week x 4.3= _____
 Disability Benefits: _____
 Gift or Prizes: _____
 Spousal Support: _____
 Expense Reimbursement and/or Per Diem Allowance (not listed in Item B above): _____
 ADC Benefits: _____
 FCAS (food stamps): _____
 Other (specify): _____

SUBTOTAL: _____

Summary of Your Gross Income:

Description

Amount

Income from Employment _____
 Self-Employment Income _____
 Other Income _____

YOUR TOTAL MONTHLY GROSS INCOME: _____

Information for Medical and Dental Insurance Coverage:

(for children listed on page 1, item 6, of this schedule which is presently provided or available for the benefit of those children.):

- ___ I provide this (complete information below)
- ___ Other parent provides this (complete if known)

| | HEALTH | DENTAL |
|---|---------------|---------------|
| Gross Monthly Premium Actually Paid by You (exclude amounts paid by your employer): | _____ | _____ |
| Monthly Premium to Cover Only You: | _____ | _____ |
| Dependent's Portion of Monthly Premium: | _____ | _____ |

Direct MONTHLY expenses for the children of this relationship which you pay:

| | <i>AMOUNT</i> |
|---|---------------|
| A. School Expenses: | _____ |
| School Lunches: | _____ |
| Books, Tuition: | _____ |
| Activities: | _____ |
| Other (Specify): | _____ |
| B. Food (other than school lunches): | _____ |
| C. Day Care: | _____ |
| D. Clothing | _____ |
| E. Medical Insurance--Premium Payments: | _____ |
| F. Unreimbursed Health Costs: | _____ |
| G. Unreimbursed Dental Costs: | _____ |
| H. Baby-Sitting (not work related): | _____ |
| I. Lessons: | _____ |
| J. Grooming Needs: | _____ |
| K. Hobbies, Recreation: | _____ |
| L. Entertainment: | _____ |
| M. Allowances: | _____ |
| N. Transportation: | _____ |
| Gasoline, Oil: | _____ |
| Insurance for Driving-Age Child: | _____ |
| O. Miscellaneous (Specify): | _____ |
| TOTAL DIRECT EXPENSES OF CHILDREN: | _____ |

FIXED COSTS

Monthly Amount

| | |
|-------------------------------|-----------|
| A. RESIDENCE | |
| Mortgage or Rent: | _____ |
| Property Taxes: | _____ |
| (if not included in mortgage) | _____ |
| Second Mortgage | _____ |
| Other: | _____ |
| B. UTILITIES | _____ |
| Electricity: | _____ |
| Heat (other than electricity) | _____ |
| Water: | _____ |
| Garbage: | _____ |
| Telephone: | _____ |
| Other: | _____ |

C. TRANSPORTATION

Car Payments: _____
Gas and Oil: _____
Maintenance and Repairs: _____
Other (Specify): _____

D. INSURANCE

Life: _____
Automobile: _____
Medical/Dental: _____
Residence: _____

E. FOOD AND HOUSEHOLD ITEMS:

(Exclude food expenses for joint children) _____

F. CLOTHING:

Grooming/Personal Needs: _____

G. MEDICINE AND PHARMACEUTICAL--

Unreimbursed medical/dental costs: _____

H. COURT/DHR-ORDERED SUPPORT

PAYMENTS: _____

TOTAL FIXED COSTS (A-H): _____

CONSUMER OBLIGATIONS:

| NAME OF CREDITOR | BALANCE DUE | MONTHLY PAYMENT |
|------------------|-------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TOTAL MONTHLY PMTS/CONSUMER OBLIGATIONS: _____

DISCRETIONARY EXPENSES:

Monthly Amount

- A. Entertainment: _____
- B. Vacations: _____
- C. Gifts: _____
- D. Religious Contributions: _____
- E. Dues and Subscriptions: _____
- F. Club Memberships and Dues: _____

TOTAL DISCRETIONARY EXPENSES: _____

ADDITIONAL EXPENSES:

- A. _____
- B. _____
- C. _____

TOTAL ADDITIONAL EXPENSES: _____