

**#12 - BUDGET – DEBTOR & FAMILY INFORMATION/MONTHLY INCOME**

**1. MARITAL STATUS:** Married      Single      Divorced      Separated      **(Circle One)**

**2. EMPLOYMENT/OCCUPATION:**

	<b>DEBTOR</b>		<b>SPOUSE</b>
Occupation:	_____		_____
Employer:	_____		_____
How Long:	_____		_____
Street:	_____		_____
City, State, Zip:	_____		_____

**3. DEPENDENTS:**

Name	Age	Relationship	Support?	Court Ordered?
_____	_____	_____	\$ _____ (R/P)	Yes/No
_____	_____	_____	\$ _____ (R/P)	Yes/No
_____	_____	_____	\$ _____ (R/P)	Yes/No
_____	_____	_____	\$ _____ (R/P)	Yes/No

**4. MONTHLY INCOME:**

	<b>DEBTOR</b>	<b>SPOUSE</b>
Pay Period . . . . . (Circle One)	Weekly	Weekly
	Bi-weekly	Bi-weekly
	2-month	2-month
	Monthly	Monthly
Gross wages/salary (per above pay period) . . . . .	\$ _____	_____
Tips, bonuses, overtime, commissions . . . . .	\$ _____	_____

**PAYROLL DEDUCTIONS:**

Payroll taxes and social security . . . . .	\$ _____	_____
Insurance . . . . .	\$ _____	_____
Union dues . . . . .	\$ _____	_____
Other mandatory deductions: _____	\$ _____	_____

**OTHER INCOME (stated on average monthly basis):**

***Income from operation of a business, profession or farm:***

a. Gross receipts . . . . .	\$ _____	_____
b. Ordinary and necessary business expenses (insert total and itemize on separate sheet of paper) . . . . .	\$ _____	_____

***Rent and other real property income:***

a. Gross rental receipts . . . . .	\$ _____	_____
b. Ordinary and necessary operating expenses: (insert total and itemize on separate sheet of paper) . . . . .	\$ _____	_____

Interest, dividends, royalties . . . . . \$ \_\_\_\_\_

Pension or retirement income . . . . . \$ \_\_\_\_\_

Child or spousal support *received* and any other regular contributions to the household expenses of debtor or debtor's dependents . . . . . \$ \_\_\_\_\_

Unemployment compensation . . . . . \$ \_\_\_\_\_

Other income from any other source (monthly):

_____ . . . . .	\$ _____	_____
_____ . . . . .	\$ _____	_____

## #12 - NECESSARY MONTHLY LIVING EXPENSES

*(Be advised that the new Bankruptcy Code requires application of National and Local Expense Standards to determine allowable expenses for purposes of Chapter 13 calculations. Your actual expenses do not control this analysis. You may be required to document the expenses claimed below.)*

	<b>DEBTOR/ HOUSEHOLD</b>	<b>SPOUSE*</b> <small>(* Complete only if parties are living in separate residences.)</small>
<b>HOUSING:</b>		
Rent/mortgage/lot rent (T=tax/I=insurance included) . . . . .	\$ _____	_____
<b>UTILITIES:</b>		
a. Electricity and heating fuel . . . . .	\$ _____	_____
b. Water and sewer . . . . .	\$ _____	_____
c. Telephone/Telecommunication services (i.e. cell phone, pager, call waiting, caller ID, special long distance or Internet service necessary of the welfare of debtor and family) . . . . .	\$ _____	_____
d. Other utilities: Cable . . . . .	\$ _____	_____
Internet . . . . .	\$ _____	_____
_____ . . . . .	\$ _____	_____
_____ . . . . .	\$ _____	_____
<b>Home maintenance</b> (repairs and upkeep) . . . . .	\$ _____	_____
<b>PERSONAL:</b>		
Food . . . . .	\$ _____	_____
Clothing . . . . .	\$ _____	_____
Laundry and dry cleaning . . . . .	\$ _____	_____
Medical and dental expenses (out of pocket; do not include insurance premiums) . . . . .	\$ _____	_____
Household supplies . . . . .	\$ _____	_____
Personal care/grooming . . . . .	\$ _____	_____
<b>TRANSPORTATION:</b>		
a. Vehicle operation (gas, repairs, tolls, etc.) (vehicle 1) . . . . .	\$ _____	_____
b. Vehicle operation (gas, repairs, tolls, etc.) (vehicle 2) . . . . .	\$ _____	_____
c. Public transportation . . . . .	\$ _____	_____
<b>Recreation, clubs and entertainment, newspapers, etc.</b> . . . . .	\$ _____	_____
<b>Charitable contributions</b> . . . . .	\$ _____	_____

**DEBTOR/  
HOUSEHOLD**

**SPOUSE**  
*(\* Complete only if  
parties are living in  
separate residences.)*

**INSURANCE:**

(not deducted from wages or included in home mortgage payments)

a. Homeowners or Renters Insurance .....	\$ _____	_____
b. Life .....	\$ _____	_____
c. Health .....	\$ _____	_____
d. Automobile .....	\$ _____	_____
e. Other: disability insurance. ....	\$ _____	_____
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____

**TAXES:**

(not deducted from wages or included in home mortgage payments)

Personal Property (vehicle 1) .....	\$ _____	_____
Personal Property (vehicle 2) .....	\$ _____	_____
Other: _____ .....	\$ _____	_____
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____

**INSTALLMENT PAYMENTS (that you intend to continue after bankruptcy  
(i.e. furniture, appliances, etc.):**

a. Monthly auto payment/lease expense (vehicle 1) .....	\$ _____	_____
b. Monthly auto payment/lease expense (vehicle 2) .....	\$ _____	_____
c. Other:		
Name of Secured Creditor		
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____

**ALIMONY, MAINTENANCE & SUPPORT PAID TO OTHERS:**

Description		
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____

**PAYMENTS FOR SUPPORT OF ADDITIONAL DEPENDANTS  
NOT LIVING IN YOUR HOME:**

Description		
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____

**DEBTOR/  
HOUSEHOLD**

**SPOUSE**  
*(\* Complete only if  
parties are living in  
separate residences.)*

**REGULAR EXPENSES FROM OPERATION OF BUSINESS,  
PROFESSION OR FARM:**

Description	\$	
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____

**OTHER EXPENSES:**

List and describe any monthly expenses, not otherwise stated, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income. All figures should reflect your average monthly expense for each item:

Life insurance (term only) .....	\$ _____	_____
Education for employment .....	\$ _____	_____
Education for a physically or mentally challenged child . . .	\$ _____	_____
Childcare (do not include payments made for education) . .	\$ _____	_____
Health savings account .....	\$ _____	_____
Continued contributions to the care of household or family members (elderly, chronically ill or disabled) . . . .	\$ _____	_____

Description of additional expenses not listed above	\$	
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____
_____ .....	\$ _____	_____

**TAXES FROM INCOME OR SELF-EMPLOYMENT  
(not withheld from payroll check):**

a. Federal income tax .....	\$ _____	_____
b. State income tax .....	\$ _____	_____
c. Social security .....	\$ _____	_____
d. Medicare .....	\$ _____	_____

**\* If asterisked on the budget sheet, please bring proof of these expenditures (average over at least last six months).**