

<u>EMPLOYMENT</u>	DEBTOR	SPOUSE	Dependents - Name	Age
Occupation				
Name of Employer				
Address of Employer				
Years Employed				
Telephone Number				
Payroll Fax Number				

<u>INCOME</u>	DEBTOR	SPOUSE
I Get Paid (check one) →	<input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2X/Month <input type="radio"/> Monthly	<input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> 2X/Month <input type="radio"/> Monthly
Gross Pay per Payday	\$ _____	\$ _____
Taxes: (Federal, State, Social Security, Medicare)	\$ _____	\$ _____
Insurance: (Medical, Dental, Life)	\$ _____	\$ _____
Pension / 401(k):	\$ _____	\$ _____
401(k) Loan Repayment:	\$ _____	\$ _____
Credit Union Deduction: WHAT FOR?	\$ _____	\$ _____
Union Dues/Other:(Please specify)	\$ _____	\$ _____
<u>NET PAY:</u>	\$ _____	\$ _____

Alimony/Child Support:	\$ _____	\$ _____
Social Security / Unemployment:	\$ _____	\$ _____
Part-Time Employment / 2 nd Job:	\$ _____	\$ _____
Pension/Retirement/Annuity Income:	\$ _____	\$ _____
Rental Income (from property):	\$ _____	\$ _____
Income from Operation of Business:	\$ _____	\$ _____
<u>TOTAL MONTHLY INCOME:</u>	\$ _____	\$ _____

<u>MONTHLY EXPENSES</u>		Clothing: (\$10-25/person)	\$ _____	Haircuts (# of persons x \$20):	\$ _____
Rent:	\$ _____	Medical/Dental: (out of pocket expenses)	\$ _____	Postage/Bank Charges:	\$ _____
Mortgage Payment:	\$ _____	Gasoline (\$_____/wk. x 4.33):	\$ _____	Tuition/Books/School Supplies:	\$ _____
Second Mortgage:	\$ _____	Tolls/Parking: (\$_____/wk. x 4.33)	\$ _____	Student Loan Payments:	\$ _____
Third Mortgage:	\$ _____	Bus/Train Fees (Monthly):	\$ _____	Alimony Payments: (NOT deducted from pay)	\$ _____
Are Taxes Included? YES NO (if no, how much)	\$ _____	License Plates (\$____ x ____)	\$ _____	Child Support Payment: (NOT deducted from pay check)	\$ _____
Is Insurance Included? YES NO (if no, how much)	\$ _____	City Stickers (\$____ x ____)	\$ _____	Life Insurance: (NOT deducted from pay check)	\$ _____
Condo Assessment:	\$ _____	Entertainment (\$10-\$20/person):	\$ _____	Feminine Care/Drugstore:	\$ _____
Electricity (Average) :	\$ _____	Newspapers/Magazines:	\$ _____	Eye Care/Contact Lenses: (per month)	\$ _____
Heating (Average):	\$ _____	Health Insurance: (NOT deducted from pay)	\$ _____	Laundry/Dry Cleaning (\$20-\$40):	\$ _____
Water/Sewer:	\$ _____	Charitable Contributions per month: For the last _____ months	\$ _____	Babysitting/Childcare (monthly):	\$ _____
Garbage:	\$ _____	Vehicle Insurance:	\$ _____	Business Expenses: (Including telephone use)	\$ _____
Phone (family use only, \$75.00)	\$ _____	Vehicle Payment #1	\$ _____	TOTAL:	\$ _____
Cable (NONE in 13 unless 100% Plan):	\$ _____	Vehicle Payment #2	\$ _____	A) Income Total:	\$ _____
Home Maintenance (\$50.00, or more with proof)	\$ _____	Vehicle Payment #3	\$ _____	B) Expense Total: (subtract B from A)	\$ _____
Food (\$300 for 1 st person, \$50 each add'l in Chapter 13 case)	\$ _____	Vehicle Repairs (# of cars x \$50):	\$ _____	C) Difference:	\$ _____