



Print Client Name _____ Counselor Code _____

Please note all creditors required this form be itemized for accuracy

Monthly Income Sources	
Net Monthly Salary	
Net Spouse Salary	
Part-Time Income	
Social Security	
Retirement	
Pension	
Military	
Annuity	
Child Support	
Alimony	
Food Stamps	
Disability	
Other	
Total Monthly Income	\$

Monthly Utilities	
Gas/Oil	
Electric	
Telephone	
Water/Sewage	
Cable	
Internet	
Monthly Sub-total	\$

Monthly Insurance	
Life	
Auto	
Medical/Health	
Medication	
Homeowners	
Flood	
Monthly Sub-total	\$

Monthly Household Expenses	
Mortgage	
Second Mortgage	
Rent	
Condo Fee	
Taxes	
Car Payment	
Second Car Payment	
Car Expenses/Maintenance	
Union Dues	
Alimony/Child Support	
Transportation	
Groceries/Food	
Day Care	
Education	
Clothing	
Charitable Donations	
Dry Cleaning/Laundry	
Gifts	
Cellular/Pager	
House Maintenance	
Entertainment	
Other	
Monthly Sub-total	\$

Monthly Revolving Debts	
Credit Cards	
Personal Loans	
Installment Loans	
Other Secured Debts	
Monthly Sub-total	\$

Total Monthly Expenses	\$
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Monthly Household Expense To Income	
Monthly Total Expense to Income	
Monthly Debt-To-Income Ratio (AFDC)	