

2) INCOME (CONTINUED...)



MONTHLY GROSS INCOME:

Pay Period
 Weekly Bi-Weekly Bi-Monthly Monthly

Gross Income Per Pay Period \$ _____

Other Monthly Gross Income:

Part-Time Employment \$ _____
 Alimony/Child Support \$ _____
 Social Security/Retirement \$ _____
 Unemployment/Gov. Asst. \$ _____

TO BE FILLED OUT BY ATTORNEY:

Total Monthly Gross Income \$ _____

SPOUSE'S MONTHLY GROSS INCOME:

Pay Period
 Weekly Bi-Weekly Bi-Monthly Monthly

Gross Income Per Pay Period \$ _____

Other Monthly Gross Income:

Part-Time Employment \$ _____
 Alimony/Child Support \$ _____
 Social Security/Retirement \$ _____
 Unemployment/Gov. Asst. \$ _____

TO BE FILLED OUT BY ATTORNEY:

Total Monthly Gross Income \$ _____

TOTAL/COMBINED MONTHLY NET INCOME \$ _____

MUST ATTACH PAY STUB FOR EACH SOURCE OF INCOME LISTED

3) MONTHLY EXPENSES



PLEASE ACCURATELY PROVIDE MONTHLY EXPENSES:

Rent/Home Mortgage Payments \$ _____
 Are real estate taxes included? Yes No (If No please enter amount) \$ _____
 Is property insurance included? Yes No (If No please enter amount) \$ _____
 Utilities: Electricity/Heating fuel \$ _____
 Water/Sewer \$ _____
 Telephone \$ _____
 Gas \$ _____
 Propane \$ _____
 Home Maintenance \$ _____
 Food \$ _____
 Clothing \$ _____
 Laundry/Dry Cleaning \$ _____
 Medical/Dental \$ _____
 Recreation/Entertainment \$ _____
 Charitable Contributions \$ _____
 Insurance: Home Owners or Renters Insurance \$ _____
 Life \$ _____
 Health (Out-of-pocket) \$ _____
 Auto (Monthly Amount) \$ _____
 Taxes: Income (Complete only if paying past-due taxes) \$ _____
 Personal Property \$ _____
 Real Estate (Do not complete if escrowed) \$ _____
 Automobile/Vehicle Payment (Make _____ Model _____ Year _____) \$ _____
 (2nd) Automobile/Vehicle Payment (Make _____ Model _____ Year _____) ... \$ _____
 (3rd) Automobile/Vehicle Payment (Make _____ Model _____ Year _____) ... \$ _____
 (4th) Automobile/Vehicle Payment (Make _____ Model _____ Year _____) ... \$ _____
 Automobile Fuel \$ _____
 Automobile Maintenance \$ _____
 Alimony/Maintenance/Support \$ _____
 Payments for support of additional dependents not living at home \$ _____
 Regular Business Expenses \$ _____
 Daycare (Provide monthly amount) \$ _____
 Haircuts \$ _____
 Other: \$ _____
 \$ _____
 \$ _____

TOTAL/COMBINED MONTHLY NET EXPENSES \$ _____