

	Current Monthly
Home Expenses	
Rent/Mortgage Principle	
Mortgage Interest	
Property Tax	
HOA Fees	
Cellphone	
Security System	
Cable/Internet/Home Phone	
SDGE/Solar	
Homeowner's/Rental Insurance	
Water/Garbage	
Landscaping Maintenance	
Pool/Jacuzzi Maintenance	
Pest Control	
General Home Repairs/Maintenance	
Home Owner's Warranty	
Houscleaning	
Other (Please List):	
Total Home Expenses	\$ -
Food (Self and Children)	
Groceries/Household items	
Dining Out	
Total Food Expenses	\$ -
Clothing (Self and Children)	
Clothing	
Laundry/Dry Cleaning	
Total Clothing Expenses	\$ -
Entertainment/Recreation	
Subscriptions (Netflix, Amazon Prime, etc.)	
Movies/Theater	
Videos/CD's/DVD's	
Books/Newspapers/Magazines	
Vacations/Travel	
Classes/Lessons	
Gym/Yoga/Other Memberships	
Hobbies	
Other (Please List):	
Total Entertainment Expenses	\$ -
Medical (Not covered by insurance; excludes children)	
Physicians/Chiropracter/Other	
Dental	
Optometry/Glasses/Contacts	
Prescriptions	
Other (Please List):	

Total Medical Expenses	\$ -
Insurance	
Life Insurance	
Health	
Disability	
Long-Term Care	
Dental	
Boat	
Other (Please List):	
Total Insurance Expenses	\$ -
Transportation	
Auto Payment	
Gas	
Repairs/Maintenance	
Registration/Smog	
Taxis/Public Transit	
Auto Insurance	
Total Transportation Expenses	\$ -
Miscellaneous (Self and Children)	
Gifts/Holiday Expenses	
Vitamins/Non-Prescription Drugs	
Toiletries	
Beauty Salon/Hair/Nails	
Pet Care (food, vet, etc.)	
Donations	
Personal Loan Repayments	
Other (Please List):	
Total Miscellaneous Expenses	\$ -
Other Payments	
Spousal Support Payments (former)	
Child Support Payments (former)	
Eldercare Expenses	
Professional Fees (Accounting, Legal, Finance, etc.)	
Other (Please List):	
Total Other Payments	\$ -
Child-Related Expenses	
Education/Tuition/Tutor	
Daycare/After-School Care	
Counselor/Therapist	
Sports/Camps/Lessons/Clubs	
Hobbies/Field Trips/School Activities	
Toys/Games/Birthday Parties	
School Lunches	
Medical (Not covered by insurance)	
Dental/Orthodontics (Not covered by insurance)	

Prescriptions (Not covered by insurance)	
Allowances	
Other (Please List):	
Total Child-Related Expenses	\$ -
Total Expenses	\$ -

\$	-		
\$	-		
\$	-		
\$	-		

\$	-	
\$	-	