

## CLIENT EXPENSE SHEET

1. List all persons living in your home whose expenses are included in your monthly expenses:

Name	Age	Relationship	Gross Monthly Income

- List all persons living in your home whose expenses are NOT included in your monthly expenses:

Name	Age	Relationship	Gross Monthly Income

## MONTHLY EXPENSES

Calculate your usual or average monthly expenditures for each item.

Estimated       Actual       Proposed needs

a. **RESIDENTIAL**

(1) Mortgage or rent \_\_\_\_\_

(2) If mortgage, include:

Average Principal \_\_\_\_\_

Average Interest \_\_\_\_\_

Impound for real property taxes \_\_\_\_\_

Impound for homeowner's ins. \_\_\_\_\_

(3) Real Property taxes (*if not included in #2*) \_\_\_\_\_

(4) Homeowner's or renter's insurance (*if not included in #2*) \_\_\_\_\_

(5) Maintenance:

Gardener, supplies, plants \_\_\_\_\_

Sprinkler system \_\_\_\_\_

Tree work \_\_\_\_\_

Cleaning staff \_\_\_\_\_

Security \_\_\_\_\_

Pool service \_\_\_\_\_

Exterminator \_\_\_\_\_

Minor home repairs & maint. \_\_\_\_\_

**TOTAL** \_\_\_\_\_

b. **UNREIMBURSED MEDICAL AND DENTAL EXPENSES**

Medical insurance (*if not deducted  
from your earnings*) \_\_\_\_\_

Initial deductible \_\_\_\_\_

Internist \_\_\_\_\_

Gynecologist \_\_\_\_\_

Ophthalmologist \_\_\_\_\_

Contacts \_\_\_\_\_

Eye glasses \_\_\_\_\_

Dermatologist \_\_\_\_\_

Podiatrist \_\_\_\_\_

Dentist \_\_\_\_\_

Mammogram \_\_\_\_\_

Pap smear and blood work \_\_\_\_\_

Prescription & non-prescription drugs \_\_\_\_\_

Psychotherapist \_\_\_\_\_

**TOTAL** \_\_\_\_\_

c. **CHILD CARE** \_\_\_\_\_

d. **GROCERIES AND HOUSEHOLD SUPPLIES** \_\_\_\_\_

e. **FOOD EATING OUT** \_\_\_\_\_

f. **UTILITIES**

Gas \_\_\_\_\_

Electricity \_\_\_\_\_

Water \_\_\_\_\_

Garbage \_\_\_\_\_

Cable \_\_\_\_\_

**TOTAL** \_\_\_\_\_

g. **TELEPHONE/CELL PHONE/EMAIL** \_\_\_\_\_

h. **LAUNDRY AND DRY CLEANING** \_\_\_\_\_

i. **CLOTHING/SHOES**

New purchases \_\_\_\_\_

Jewelry \_\_\_\_\_

Shoe repair \_\_\_\_\_

Alterations \_\_\_\_\_

**TOTAL** \_\_\_\_\_

j. **EDUCATION**

Tuition \_\_\_\_\_

Job training, seminars \_\_\_\_\_

Books, supplies \_\_\_\_\_

Transportation costs \_\_\_\_\_

Parking permits, etc. \_\_\_\_\_

**TOTAL** \_\_\_\_\_

k. **ENTERTAINMENT/GIFTS/VACATION**

Tickets: opera, ballet, symphony, theater,  
sports events, movies, movie rentals \_\_\_\_\_

Travel (incl. visits to family members) \_\_\_\_\_

Summer camp \_\_\_\_\_

Gifts (incl. Christmas) \_\_\_\_\_

**TOTAL** \_\_\_\_\_

l. **TRANSPORTATION AND AUTO EXPENSES**

Automobile insurance \_\_\_\_\_

License registration \_\_\_\_\_

Smog inspection \_\_\_\_\_

AAA \_\_\_\_\_

Gasoline & oil \_\_\_\_\_

Servicing, repairs, tires \_\_\_\_\_

Car wash \_\_\_\_\_

Parking \_\_\_\_\_

Tolls \_\_\_\_\_

Bus/ferry \_\_\_\_\_

**TOTAL** \_\_\_\_\_

n. **SAVINGS AND INVESTMENTS**

Retirement savings	_____	
Non-retirement savings	_____	
<b>TOTAL</b>		_____

o. **CHARITABLE CONTRIBUTIONS**

\_\_\_\_\_

p. **OTHER**

Hair care	_____	
Personal care items ( <i>cosmetics, lotions, toothpaste, deodorant, etc.</i> )	_____	
Subscriptions ( <i>magazines, newspapers</i> )	_____	
Books	_____	
Recordings	_____	
Stationery, cards	_____	
Postage	_____	
Photographs ( <i>incl. film, developing, photo albums</i> )	_____	
Hobbies	_____	
Gym membership	_____	
Computer/supplies	_____	
Pets ( <i>food, medical, license, etc.</i> )	_____	
Accountant	_____	
Bank/credit card charges	_____	
Dues	_____	
<b>TOTAL</b>		_____

3. **ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS**

Creditor's Name	Payment for	Monthly Payment	Balance	Date of Last Payment

4. **ATTORNEY'S FEES**

Please indicate the source of the funds used by you to pay your attorney's fees  
(*i.e., earnings, savings, loan, etc.*):

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