

NAME: _____ DATE: _____

MONTHLY INCOME AND EXPENSE WORKSHEET

Filling out the information below will assist Mr. Peter Kaplan, who you will be having a confidential consultation with, in evaluating your financial situation and your bankruptcy options. [Also, please fill out the 'Bankruptcy Assessment' form on Peter Kaplan, P.C.'s website if you have not already (if you don't have Internet access don't worry about filling the 'Assessment' form out). The assessment form will provide the lawyer a total "snap-shot" of your financial situation]. One of the most important factors to know when starting the bankruptcy process is what your monthly income and expenses are.

INSTRUCTIONS WHEN FILLING THIS WORKSHEET OUT

If you **do NOT** have a SPOUSE, then skip any items related to that. Additionally, if you have roommates or others living with you in your home, then only list your own expenses. If **YOUR DO HAVE A SPOUSE** or family living with you, then include that person's expenses next to the line for your expenses (i.e., as a separate line item).

Your monthly INCOME should be your "take-home" income after taxes. Also, include any additional sources of income like: retirement, social security, and business income (however take out business expenses to come up with the net business income).

Your monthly EXPENSES are your monthly "necessary" living expenses. Do NOT include monthly credit card minimum payments or other debts that you want to eliminate in your bankruptcy. The bankruptcy law **does not** allow those debts to be counted towards your necessary living expenses. For secured (i.e., financed or making payment on) items that you want to keep, go head and include those payments in your expenses. However, for those secured items that you may want to surrender (i.e., get rid of) in the bankruptcy, then do not include the payments on those items.

Make sure to **average** out what **your monthly expenses** are. Pro-rate any payments made bi-weekly, quarterly, semi-annually, or annually to show the monthly rate. Sometimes it is easier to figure out what you spend on items like clothing by thinking of what you spend on clothing over a year's time. For example, you may spend \$600 a year on clothing, so then divide that by 12 months, to get a monthly average of \$50 per month. On the other hand, if you buy certain items like coffee or lunch on a daily basis, then multiply that number by 30 days. For example, one cup of coffee at \$2.50 per day multiplied by 30 equals \$75 per month. You get the idea!

List your Expected Average Monthly Household Expenses:

* **REMINDERS:** Do NOT include monthly credit card minimum payments or other debts that you want to eliminate in your bankruptcy. If applicable, list Non-Filing Spouse expenses next to yours.

>> **ROUND TO THE NEAREST DOLLAR! DO NOT USE CENTS!** <<<

LIST DOLLAR AMOUNTS ON A MONTHLY BASIS!

Do you live with any other adults? Yes / No If Yes, how many? _____
 Do you live with any children or dependents? Yes / No If Yes, how many? _____

Rent: Apt. / House / Other. || or Mortgage (include assessments) \$ _____
 Are property taxes included? YES / NO
 Is property insurance included? YES / NO

Electricity and Gas \$ _____
 Water and Sewer \$ _____
 Telephone breakdown: Home Phone _____ Cellular _____ Pager _____ \$ _____
 Additional Fax/phone line _____ Internet/DSL _____ \$ _____
 Garbage \$ _____
 Cable/Satellite TV \$ _____
 Alarm/Other Utilities \$ _____

Does this figure include Wood \$ _____ and/or Oil \$ _____
 (If so, please circle and indicate monthly amount spent on each or both)
 Home maintenance/supplies \$ _____
 Yard maintenance \$ _____

Food \$ _____
 Clothing \$ _____
 Laundry and dry cleaning \$ _____
 Medical, dental, and medications \$ _____
 Transportation, excluding car payments. Gas \$ _____
 Transportation Oil \$ _____
 Transportation Maintenance \$ _____

Recreation, newspapers, periodicals, books, clubs, entertainment \$ _____
 Charitable contributions \$ _____
 Homeowner's or Renter's insurance \$ _____
 Life insurance \$ _____
 Health insurance \$ _____
 Auto insurance \$ _____
 Other insurance (i.e. disability) Describe: \$ _____

Car installment payment \$ _____
 Car installment payment \$ _____
 Other installments on items you want to keep:
 Creditor: \$ _____
 Creditor: \$ _____

Alimony, maintenance, support to others \$ _____
 Payments for additional dependents not at home \$ _____
 Un-reimbursed job expenses (paggers, phones, etc.) \$ _____
 Education, Tuition \$ _____

Postage.....	\$\$	_____
Haircuts/Personal Grooming.....	\$\$	_____
Gifts.....	\$\$	_____
Child care.....	\$\$	_____
School activities.....	\$\$	_____
Pet/Veterinary expenses.....	\$\$	_____

USE CALCULATOR TO ADD UP YOUR TOTAL → \$_____

*** REMINDER: Bring this worksheet with you to your appointment.**