

B. COMPUTATION OF CURRENT INCOME

	<u>Husband</u>	<u>Wife</u>
Base yearly income	\$	\$
Average yearly overtime, commissions and/or bonuses over last 3 years (from part A)	\$	\$
Unemployment compensation	\$	\$
Disability benefits		
Workers' Compensation		
Social Security		
Other:	\$	\$
Retirement benefits		
Social Security		
Other:	\$	\$
Spousal support received	\$	\$
Interest and dividend income (source)		
	\$	\$
Other income (type and source)		
	\$	\$
TOTAL YEARLY INCOME	\$	\$
Supplemental Security Income (SSI) or public assistance	\$	\$
Court-ordered child support that you receive for minor and/or dependent child(ren) not of the marriage or relationship	\$	\$

SECTION II – CHILDREN AND HOUSEHOLD RESIDENTS

Minor and/or dependent child(ren) who are adopted or born of this marriage or relationship:

Name	Date of birth	Living with
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In addition to the above children there is/are in your household:

adult(s)

other minor and/or dependent child(ren).

SECTION III – EXPENSES

List monthly expenses below for your present household

A. MONTHLY HOUSING EXPENSES

Rent or first mortgage (including taxes and insurance)	\$
Real estate taxes (if not included above)	\$
Real estate/homeowner’s insurance (if not included above)	\$
Second mortgage/equity line of credit	\$
Utilities	
o Electric	\$
o Gas, fuel oil, propane	\$
o Water and sewer	\$
o Telephone	\$
o Trash collection	\$
o Cable/satellite television	\$
Cleaning, maintenance, repair	\$
Lawn service, snow removal	\$
Other:	\$
	\$

TOTAL MONTHLY : \$

B. OTHER MONTHLY LIVING EXPENSES

Food	
o Groceries (including food, paper, cleaning products, toiletries, other)	\$
o Restaurant	\$
Transportation	
o Vehicle loans, leases	\$
o Vehicle maintenance (oil, repair, license)	\$
o Gasoline	\$
o Parking, public transportation	\$
Clothing	
o Clothes (other than children's)	\$
o Dry cleaning, laundry	\$
Personal grooming	
o Hair, nail care	\$
o Other	\$
Cell phone	\$
Internet (if not included elsewhere)	\$
Other	\$
	TOTAL MONTHLY \$

**C. MONTHLY CHILD-RELATED EXPENSES
(for children of the marriage or relationship)**

Work/education-related child care	\$
Other child care	\$
Unusual parenting time travel	\$
Special and unusual needs of child(ren) (not included elsewhere)	\$
Clothing	\$
School supplies	\$
Child(ren)'s allowances	\$
Extracurricular activities, lessons	\$
School lunches	\$
Other	\$
	TOTAL MONTHLY \$

D. INSURANCE PREMIUMS

Life	\$
Auto	\$
Health	\$
Disability	\$
Renters/personal property (if not included in part A above)	\$
Other	\$
TOTAL MONTHLY	\$

E. MONTHLY EDUCATION EXPENSES

Tuition	\$
o Self	\$
o Child(ren)	\$
Books, fees, other	\$
College loan repayment	\$
Other	\$
	\$
TOTAL MONTHLY:	\$

F. MONTHLY HEALTH CARE EXPENSES
(not covered by insurance)

Physicians	\$
Dentists	\$
Optometrists/opticians	\$
Prescriptions	\$
Other	\$
	\$
TOTAL MONTHLY:	\$

G. MISCELLANEOUS MONTHLY EXPENSES

Extraordinary obligations for other minor/handicapped child(ren) (not stepchildren)	\$
Child support for children who were not born of this marriage or relationship and were not adopted of this marriage	\$
Spousal support paid to former spouse(s)	\$
Subscriptions, books	\$
Entertainment	\$
Charitable contributions	\$
Memberships (associations, clubs)	\$
Travel, vacations	\$
Pets	\$
Gifts	\$
Bankruptcy payments	\$

Attorney fees	\$
Required deductions from wages (excluding taxes, Social Security and Medicare) (type)	\$
Additional taxes paid (not deducted from wages) (type)	\$
Other	\$
	\$
TOTAL MONTHLY:	\$

H. MONTHLY INSTALLMENT PAYMENTS
 (Do not repeat expenses already listed.)
 Examples: car, credit card, rent-to-own, cash advance payments

To whom paid	Purpose	Balance due	Monthly payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		TOTAL MONTHLY:	\$

GRAND TOTAL MONTHLY EXPENSES (Sum of A through H): \$

OATH
 (Do not sign until notary is present.)

I, (print name) _____, swear or affirm that I have read this document and, to the best of my knowledge and belief, the facts and information stated in this document are true, accurate and complete. I understand that if I do not tell the truth, I may be subject to penalties for perjury.

 Your Signature

Sworn before me and signed in my presence this ____ day of _____, _____.

 Notary Public
 My Commission Expires: