

CONFIDENTIAL CASH FLOW QUESTIONNAIRE

<u>ITEM</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
HOUSING		
Mortgage payment	_____	_____
Property tax	_____	_____
Rent or lease payment Home	_____	_____
association dues Homeowners or	_____	_____
renters insurance Umbrella	_____	_____
liability insurance Property	_____	_____
improvements Household	_____	_____
supplies	_____	_____
Household help (yard, cleaning, etc.)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
 AUTOMOBILE		
Car payment	_____	_____
Car insurance	_____	_____
Operating expenses (gas, oil, etc.)	_____	_____
Maintenance	_____	_____
Commuting (tolls, parking, bus, etc.)	_____	_____
Property Tax	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
 OTHER PROPERTY TAXES		
Boat	_____	_____
Trailer	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
 FOOD		
Groceries	_____	_____
Dining out	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

ITEM

MONTHLY

ANNUAL

CLOTHING & PERSONAL CARE

Clothing	_____	_____
Dry cleaning	_____	_____
Salon	_____	_____
Gym membership	_____	_____
Other (yoga, massage, etc.):	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

UTILITIES

Telephone	_____	_____
Cellular Phone	_____	_____
Water	_____	_____
Electric	_____	_____
Oil	_____	_____
Natural gas/propane	_____	_____
Trash removal	_____	_____
Cable	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

ENTERTAINMENT

Vacation	_____	_____
Books	_____	_____
Newspaper	_____	_____
Movies (theatre, video, plays, etc.)	_____	_____
Club dues (golf, music, etc.)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

PROFESSIONAL EXPENSES

Tuition & fees	_____	_____
Books & supplies	_____	_____
Travel	_____	_____
Vehicle rental	_____	_____
Parking	_____	_____
Lodging	_____	_____
Meals	_____	_____
Entertainment	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

ITEM

MONTHLY

ANNUAL

FAMILY OBLIGATIONS

Alimony you owe

Child support you owe

Daycare

Domestic help (babysitter)

Other: _____

Subtotal:

PET CARE

Food & supplies

Vet

Pet health insurance

Petsitter

Grooming

Other: _____

Subtotal:

GIFTS

Birthdays

Christmas

Anniversaries

Other holidays

Subtotal:

CHARITABLE CONTRIBUTIONS

Churches, schools, etc.

Other: _____

Subtotal:

MEDICAL EXPENSES

Doctor visit co-pay

Prescription co-pay

Dental care

Vision care

Other out-of-pocket

Other: _____

Subtotal:

INSURANCE

Medical

Dental

Long Term Care

Life Disability

Professional liability

Other:

Subtotal:
