

FINANCIAL STATEMENT

Name: _____

INCOME

Monthly Gross Income Received:	\$ _____
Monthly Net Income Received:	\$ _____
Monthly Non-taxable Income Received:	\$ _____

EXPENSES

House Payment:	\$ _____
Land Payment:	\$ _____
Property Taxes:	\$ _____
House Ins.:	\$ _____
House Repairs:	\$ _____
Utilities: (water & sewage, gas, electric):	\$ _____
Cable Television:	\$ _____
Telephone:	\$ _____
Cellular Phone:	\$ _____
Subscriptions internet	\$ _____
Car Note:	\$ _____
Car Ins.:	\$ _____
Gasoline, Parking, Repairs:	\$ _____
Medical Ins.:	\$ _____
Food (groceries, eating out):	\$ _____
Hygiene & Household:	\$ _____
Entertainment:	\$ _____
Clothes & Laundry:	\$ _____
Daycare/Tuition:	\$ _____
Extracurricular Activities:	\$ _____
School Lunches:	\$ _____
Life Ins.:	\$ _____
Medical: (prescriptions & office visits):	\$ _____
Child Support:	\$ _____
Church & Donations:	\$ _____
Pet Maintenance:	\$ _____
_____:	\$ _____
SUBTOTAL	\$ _____