

**BUDGET QUESTIONS—INDIVIDUAL
INCOME**

Gross wages (**before** deductions) per Pay Period:

1. How often are you paid?

- | YOU | SPOUSE |
|---|---|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Twice a month | <input type="checkbox"/> Twice a month |
| <input type="checkbox"/> Every two weeks | <input type="checkbox"/> Every two weeks |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Other (explain): | <input type="checkbox"/> Other (explain): |

2. How much are you paid (gross) each pay period? \$ _____	\$ _____
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3. Gross monthly wage (state only if checked <i>Other</i>): \$ _____	\$ _____
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4. Estimate overtime per pay period: \$ _____	\$ _____
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Deductions per Pay period:

5. <i>Payroll</i> Taxes:		
Federal Taxes	\$ _____	\$ _____
Social Security (FICA)	\$ _____	\$ _____
Medicare	\$ _____	\$ _____
State Taxes	\$ _____	\$ _____
Local Taxes	\$ _____	\$ _____

6. Insurance:	\$ _____	\$ _____
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7. Union Dues:	\$ _____	\$ _____
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8. Other Deductions:	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Other Income per Month:

9. <i>If self-employed, average monthly business income:</i> \$ _____	\$ _____	\$ _____
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10. Income from real property:	\$ _____	\$ _____
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	YOU	SPOUSE
11. Interest and dividends:	\$ _____	\$ _____
12. Social security or other government assistance:		
_____	\$ _____	\$ _____
<u>Unemployment</u>	\$ _____	\$ _____
13. Pension or retirement income:	\$ _____	\$ _____
14. Support/alimony:	\$ _____	\$ _____
15. Child support received? (state full name, age, and relationship of child)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
16. Other Income:		
_____	\$ _____	\$ _____
<u>Contribution from Household Members</u>	\$ _____	\$ _____

17. If you anticipate an increase or decrease of more than 10% in any of the amounts listed above, state why, and the amount of the increase or decrease:

MONTHLY EXPENSES

18. List all dependents living with you whose expenses are included:

Full name, age, and relationship: _____

Full name, age, and relationship: _____

Full name, age, and relationship: _____

	HOUSEHOLD ONE	HOUSEHOLD TWO
19. Rent/Mortgage payment:	\$ _____	\$ _____
Are real estate taxes included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is property insurance included?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	HOUSEHOLD ONE	HOUSEHOLD TWO
20. Electricity and heating fuel (gas):	\$ _____	\$ _____
21. Water and sewer:	\$ _____	\$ _____
22. Telephone:	\$ _____	\$ _____
23. Garbage:	\$ _____	\$ _____
24. Security:	\$ _____	\$ _____
25. Cable:	\$ _____	\$ _____
26. Other utilities:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
27. Home Maintenance (repairs/upkeep):	\$ _____	\$ _____
28. Food:	\$ _____	\$ _____
29. Clothing:	\$ _____	\$ _____
30. Laundry/dry cleaning	\$ _____	\$ _____
31. Medical/dental:	\$ _____	\$ _____
32. Transportation:	\$ _____	\$ _____
33. Recreation/entertainment/newspapers/magazines/books:	\$ _____	\$ _____
34. Charitable contributions:	\$ _____	\$ _____
35. Homeowner's/renter's insurance:	\$ _____	\$ _____
36. Life insurance:	\$ _____	\$ _____
37. Health insurance:	\$ _____	\$ _____
38. Auto insurance:	\$ _____	\$ _____
39. Other insurance?		
_____	\$ _____	\$ _____

	HOUSEHOLD ONE	HOUSEHOLD TWO
40. Real estate (property) taxes paid directly:	\$ _____	\$ _____
41. Other taxes?	\$ _____	\$ _____
42. Auto payment:	\$ _____	\$ _____
43. Installment payments		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
44. Child support paid? (full name, age, & relationship of child)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
45. Alimony paid? (Full name and address of [ex-]spouse)		
_____	\$ _____	\$ _____
46. Payments for dependents not living at home? (full name, age, and relationship)		
_____	\$ _____	\$ _____
47. Other expenses not previously listed?		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Questions 48-66 should be filled out only if you are in business

48. Name and description of business (es):

<i>Monthly Expenses:</i>	BUSINESS ONE	BUSINESS TWO
49. Net Employee Payroll:	\$ _____	\$ _____
50. Payroll Taxes:	\$ _____	\$ _____

51. Unemployment Taxes:	\$ _____	\$ _____
52. Workers' Compensation:	\$ _____	\$ _____
53. Other Taxes:	\$ _____	\$ _____

BUSINESS ONE

BUSINESS TWO

54. Inventory Purchases:	\$ _____	\$ _____
55. Rent:	\$ _____	\$ _____
56. Utilities:	\$ _____	\$ _____
57. Office Expenses/ Supplies:	\$ _____	\$ _____
58. Repair/Maintenance:	\$ _____	\$ _____
59. Vehicle Expenses:	\$ _____	\$ _____
60. Travel/Entertainment:	\$ _____	\$ _____
61. Equipment Rental/ Leases:	\$ _____	\$ _____
62. Legal/Acct./Prof. Fees:	\$ _____	\$ _____
63. Insurance:	\$ _____	\$ _____
64. Employee Benefits:	\$ _____	\$ _____
65. Secured Payments:	\$ _____	\$ _____
66. Other Expenses:	\$ _____	\$ _____