

Plan to get there.SM

CASH FLOW QUESTIONNAIRE

<u>ITEM</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
HOUSING		
House payment	_____	_____
Rent payment	_____	_____
Lease payment (not mortgage)	_____	_____
Property improvements	_____	_____
Home association dues	_____	_____
Household incidentals (supplies)	_____	_____
Household furnishings	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
FOOD		
Groceries	_____	_____
Dining out	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
CLOTHING		
Clothing	_____	_____
Dry cleaning	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
PERSONAL CARE		
(hair styling, etc.)	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
AUTOMOBILE		
Monthly payment	_____	_____
Operating expenses (gas, oil, etc.)	_____	_____
Maintenance	_____	_____
Lease payment	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

ITEM

MONTHLY

ANNUAL

PROPERTY TAX

Automobile

House

Boat

Trailer

Other: _____

Subtotal:

UTILITIES

Telephone

Cellular Phone

Water

Electric

Gas

Trash removal

Cable

Other: _____

Other: _____

Subtotal:

ENTERTAINMENT

Books

Newspaper

Movies (theatre, video, plays, etc.)

Club dues (golf, music, etc.)

Vacation

Other: _____

Other: _____

Subtotal:

PROFESSIONAL EXPENSES

Travel

Vehicle rental

Parking

Lodging

Meals

Entertainment

Other: _____

Subtotal:

ALIMONY (paid)

Subtotal:

CHILD SUPPORT (paid)

Subtotal:

ITEM

MONTHLY

ANNUAL

CHILD CARE

Daycare

Domestic help (babysitter)

Other: _____

Subtotal:

GIFTS

Birthdays

Christmas

Anniversaries

Other: _____

Other: _____

Subtotal:

CHARITABLE CONTRIBUTIONS

(Churches, schools, etc.)

Other: _____

Other: _____

Subtotal:

MEDICAL EXPENSES

Doctor visit co-pay

Prescription co-pay

Dental care

Vision care

Other: _____

Subtotal:

INSURANCE

Health

Automobile

Homeowners

Renters

Life

Umbrella liability

Professional liability

Other: _____

Other: _____

Subtotal:

