

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.) _____

Other: _____

Other: _____

Subtotal: _____

PROFESSIONAL EXPENSES

Travel _____

Vehicle rental _____

Parking _____

Lodging _____

Meals _____

Entertainment _____

Other: _____

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:	_____	_____

