



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

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PROPERTY TAX

House	_____	_____
Automobile	_____	_____
Boat	_____	_____
Trailer	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

UTILITIES

Telephone	_____	_____
Cellular Phone	_____	_____
Water	_____	_____
Electric	_____	_____
Gas	_____	_____
Trash removal	_____	_____
Cable	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

ENTERTAINMENT

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

PROFESSIONAL EXPENSES

Travel	_____	_____
Vehicle rental	_____	_____
Parking	_____	_____
Lodging	_____	_____
Meals	_____	_____
Entertainment	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

ALIMONY (paid)

CHILD SUPPORT (paid)

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CHILD CARE

Daycare	_____	_____
Domestic help (babysitter)	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

GIFTS

Birthday	_____	_____
Holiday	_____	_____
Anniversaries	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

CHARITABLE CONTRIBUTIONS

(Religious, 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:	_____	_____

