

## CASH FLOW QUESTIONNAIRE

	<u>MONTHLY</u>	<u>ANNUAL</u>
<b><u>INCOME</u></b>		
Salary (net)	_____	_____
Self-employment (net)	_____	_____
Other income: _____	_____	_____
<b>Income Total:</b>	_____	_____
<b><u>EXPENSES</u></b>		
<b>HOUSING</b>		
House payment	_____	_____
Rent payment	_____	_____
Lease payment (not mortgage)	_____	_____
Property improvements	_____	_____
Home association dues	_____	_____
Household incidentals (supplies)	_____	_____
Household furnishings	_____	_____
Vacation home mortgage	_____	_____
Other: _____	_____	_____
<b>Subtotal:</b>	_____	_____
<b>FOOD</b>		
Groceries	_____	_____
Dining out	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
<b>Subtotal:</b>	_____	_____
<b>CLOTHING</b>		
Clothing	_____	_____
Dry cleaning	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
<b>Subtotal:</b>	_____	_____
<b>PERSONAL CARE</b>		
(hair styling, etc.)	_____	_____
Other: _____	_____	_____
<b>Subtotal:</b>	_____	_____

**MONTHLY**

**ANNUAL**

**AUTOMOBILE**

Monthly payment	_____	_____
Operating expenses (gas, oil, etc.)	_____	_____
Maintenance	_____	_____
Lease payment	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

**PROPERTY TAX**

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

**UTILITIES**

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

**ENTERTAINMENT**

Books	_____	_____
Newspaper	_____	_____
Movies (theatre, video, plays, etc.)	_____	_____
Club dues (golf, music, etc.)	_____	_____
Vacation/Get-Aways	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

**PROFESSIONAL EXPENSES**

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

	<u>MONTHLY</u>	<u>ANNUAL</u>
<b>ALIMONY (paid)</b>	_____	_____
Subtotal:	_____	_____
<b>CHILD SUPPORT (paid)</b>	_____	_____
Subtotal:	_____	_____
<b>CHILD CARE</b>		
Daycare	_____	_____
Domestic help (babysitter)	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<b>GIFTS</b>		
Birthdays	_____	_____
Christmas	_____	_____
Anniversaries	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<b>CHARITABLE CONTRIBUTIONS</b>		
(Churches, schools, etc.)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<b>MEDICAL EXPENSES</b>		
Doctor visit co-pay	_____	_____
Prescription co-pay	_____	_____
Dental care	_____	_____
Vision care	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<b>INSURANCE</b>		
Health	_____	_____
Automobile	_____	_____
Homeowners	_____	_____
Renters	_____	_____
Life	_____	_____
Umbrella liability	_____	_____
Professional liability	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

