

CASH FLOW QUESTIONNAIRE

<u>ITEM</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
HOUSING		
House payment	_____	_____
Rent payment	_____	_____
Lease payment (not mortgage)	_____	_____
Property maintenance/improvements	_____	_____
Home association dues	_____	_____
Household incidentals (supplies)	_____	_____
Household furnishings	_____	_____
Lawn/pool maintenance	_____	_____
House cleaning service	_____	_____
Home alarm system	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
FOOD		
Groceries	_____	_____
Dining out	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
CLOTHING		
Clothing	_____	_____
Dry cleaning	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
PERSONAL CARE		
Hair styling, cuts, etc.	_____	_____
Make-up, etc.	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
AUTOMOBILE		
Monthly payment	_____	_____
Operating expenses (gas, oil, etc.)	_____	_____
Repairs/Maintenance	_____	_____
Lease payment	_____	_____
Tolls/parking	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

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PROPERTY TAX

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

UTILITIES

Home telephone	_____	_____
Cell phone	_____	_____
Cable	_____	_____
Internet	_____	_____
Electric	_____	_____
Gas	_____	_____
Water	_____	_____
Trash removal	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

ENTERTAINMENT

Books/music	_____	_____
Newspaper/magazines	_____	_____
Movies (theatre, video, plays, etc.)	_____	_____
Club dues (golf, etc.)	_____	_____
Gym membership	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

VACATION/TRAVEL (personal)

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

ALIMONY (paid)

Subtotal:	_____	_____
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CHILD SUPPORT (paid)

Subtotal:	_____	_____
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CHILD EXPENSES

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

GIFTS

Birthdays	_____	_____
Holidays	_____	_____
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:	_____	_____

PET EXPENSES

Food	_____	_____
Veterinary expenses	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

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SAVINGS

Retirement Acct #1: _____	_____	_____
Retirement Acct #2: _____	_____	_____
IRA Account #1: _____	_____	_____
IRA Account #2: _____	_____	_____
Savings Account: _____	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

PROFESSIONAL EXPENSES (not reimbursed)

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

CREDIT CARDS

monthly charges

monthly payment

Credit card #1: _____	_____	_____
Credit card #2: _____	_____	_____
Credit card #3: _____	_____	_____
Credit card #4: _____	_____	_____
Credit card #5: _____	_____	_____
Credit card #6: _____	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

Notes:
