

Cash Flow Questionnaire

Item	Monthly	Annual
<u>Housing</u>		
House payment	_____	_____
Rent payment	_____	_____
Lease payment (not mortgage)	_____	_____
Property improvements	_____	_____
Home association dues	_____	_____
Household incidentals (supplies)	_____	_____
Household furnishings	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
<u>Subtotal:</u>	_____	_____
 <u>Food</u>		
Groceries	_____	_____
Dining out	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
<u>Subtotal:</u>	_____	_____
 <u>Clothing</u>		
Clothing	_____	_____
Dry cleaning	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
<u>Subtotal:</u>	_____	_____
 <u>Personal Care</u>		
(Hair styling, etc.)	_____	_____
Other: _____	_____	_____
<u>Subtotal:</u>	_____	_____
 <u>Automobile</u>		
Monthly payment	_____	_____
Operating expenses (gas, oil, etc.)	_____	_____
Maintenance	_____	_____
Lease payment	_____	_____
Other: _____	_____	_____
<u>Subtotal:</u>	_____	_____

Cash Flow Questionnaire /, Continued

Item	Monthly	Annual
<u>Property Tax</u>		
Automobile	_____	_____
House	_____	_____
Boat	_____	_____
Trailer	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u> _____	_____
<u>Utilities</u>		
Telephone	_____	_____
Cellular Phone	_____	_____
Water	_____	_____
Electric	_____	_____
Gas	_____	_____
Trash removal	_____	_____
Cable	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u> _____	_____
<u>Entertainment</u>		
Books	_____	_____
Newspaper	_____	_____
Movies (theatre, video, plays, etc.)	_____	_____
Club dues (golf, music, etc.)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u> _____	_____
<u>Professional Expenses</u>		
Travel	_____	_____
Vehicle rental	_____	_____
Parking	_____	_____
Lodging	_____	_____
Meals	_____	_____
Entertainment	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u> _____	_____

Cash Flow Questionnaire /, Continued

Item	Monthly	Annual
<u>Alimony (paid)</u>		
	_____	_____
	_____	_____
	<u>Subtotal:</u>	
<u>Child Support (paid)</u>		
	_____	_____
	_____	_____
	<u>Subtotal:</u>	
<u>Child Care</u>		
Daycare	_____	_____
Domestic help (babysitter)	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u>	
<u>Gifts</u>		
Birthdays	_____	_____
Christmas/other holiday	_____	_____
Anniversaries	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u>	
<u>Charitable Contributions</u>		
(Churches, schools, etc.)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u>	
<u>Medical Expenses</u>		
Doctor visit co-pay	_____	_____
Prescription co-pay	_____	_____
Dental care	_____	_____
Vision care	_____	_____
Other: _____	_____	_____
	<u>Subtotal:</u>	

