

# CASH FLOW QUESTIONNAIRE

<u>ITEM</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
<b>HOUSING</b>		
House payment	_____	_____
Rent payment	_____	_____
Lease payment (not mortgage)	_____	_____
Property improvements	_____	_____
Home association dues	_____	_____
Household incidentals (supplies)	_____	_____
Household furnishings	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<b>FOOD</b>		
Groceries	_____	_____
Dining out	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<b>CLOTHING</b>		
Clothing	_____	_____
Dry cleaning	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<b>PERSONAL CARE</b>		
(hair styling, etc.)	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<b>AUTOMOBILE</b>		
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:	_____	_____

