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## Monthly Expense Sheet

Besides having to pass the means test, recent cases emphasize the importance of actual expenses in determining eligibility for Chapter 7 or in determining what the monthly payment will be under a Chapter 13 plan. Please complete the following to the best of your ability. Keep in mind that you may be asked to produce backup documentation to prove the accuracy of the expenses you claim. Please sign where indicated at the end of this form.

1. Residence payments

- a. Rent or mortgage \_\_\_\_\_
- b. are property Taxes included Yes \_\_\_ No \_\_\_
- c. is homeowners insurance included Yes \_\_\_ No \_\_\_
- d. Maintenance \_\_\_\_\_

2. Utilities:

- a. Gas and electric \_\_\_\_\_
- b. Water & sewer \_\_\_\_\_
- c. Garbage \_\_\_\_\_
- d. security \_\_\_\_\_
- e. cable \_\_\_\_\_
- f. other utilities \_\_\_\_\_
- g. telephone \_\_\_\_\_

- 3. Food at home, school lunches or eating out \_\_\_\_\_

- 4. Clothing \_\_\_\_\_
- 5. Laundry/dry cleaning \_\_\_\_\_
- 6. Medical & dental (not deducted from your paycheck) \_\_\_\_\_
- 7. Transportation: (gas, oil, repair) \_\_\_\_\_
- 8. Recreation/clubs/entertainment; newspapers/periodicals/books: \_\_\_\_\_
- 9. Charitable contributions: \_\_\_\_\_
- 10. Insurances:
  - a. Homeowners/renters (not included with your mortgage payment) \_\_\_\_\_
  - b. Life insurance: (not deducted from your paycheck) \_\_\_\_\_
  - c. Health insurance: (not deducted from your paycheck) \_\_\_\_\_
  - d. Auto insurance: \_\_\_\_\_
  - e. Other insurance: \_\_\_\_\_
- 11. Taxes:
  - a. Real estate property taxes: \_\_\_\_\_
  - b. Other taxes: \_\_\_\_\_
- 12. Auto installment payment: \_\_\_\_\_

13. Other installment payments (this is for only the payments you are keeping after you file bankruptcy):

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14. Child support paid:

Name, age of child, relationship of child to debtor/spouse:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

15. Child care \_\_\_\_\_

16. Spousal support:

Enter name, age, and relationship of ex-spouse to debtor/spouse: \_\_\_\_\_

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17. Payments for dependents not living at home Enter name, age, and relationship to debtor/spouse  
\_\_\_\_\_

18. Personal grooming including haircuts (Chapter 13 only) \_\_\_\_\_

19. Pet expenses including Veterinary (Chapter 13 only) \_\_\_\_\_

20. Total monthly expenses \_\_\_\_\_

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I HAVE CAREFULLY READ EACH QUESTION CONTAINED IN THIS FORM AND HAVE ANSWERED THOSE QUESTIONS TO THE BEST OF MY ABILITY.

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

DATE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE