

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: _____	_____	_____
Subtotal:	_____	_____
<u>Food</u>		
Groceries	_____	_____
Dining out	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<u>Clothing</u>		
Clothing	_____	_____
Dry cleaning	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<u>Personal Care</u>		
(Hair styling, etc.)	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<u>Automobile</u>		
Monthly payment	_____	_____
Operating expenses (gas, oil, etc.)	_____	_____
Maintenance	_____	_____
Lease payment	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

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

Cash Flow Questionnaire, Continued

Item	Monthly	Annual
<u>Insurance</u>		
Health	_____	_____
Automobile	_____	_____
Homeowners	_____	_____
Renters	_____	_____
Life	_____	_____
Umbrella liability	_____	_____
Professional liability	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<u>Credit Cards</u>		
Credit card #1: _____	_____	_____
Credit card #2: _____	_____	_____
Credit card #3: _____	_____	_____
Credit card #4: _____	_____	_____
Credit card #5: _____	_____	_____
Credit card #6: _____	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

Notes
