



## 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:

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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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**CHARITABLE CONTRIBUTIONS**

(Churches, schools, etc.)

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Subtotal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL EXPENSES**

Doctor visit co-pay

Prescription co-pay

Dental care

Vision care

Other: \_\_\_\_\_

Subtotal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

**INSURANCE**

Health

Automobile

Homeowners

Renters

Life

Umbrella liability

Professional liability

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Subtotal:

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