**Expense Worksheet**

| RENT |  |
| --- | --- |
|  |  |
| UTILITIES: |  |
|  GAS |  |
|  WATER |  |
|  ELECTRICITY |  |
|  |  |
| CABLE |  |
|  |  |
| TELEPHONE |  |
|  |  |
| CAR PAYMENT: |  |
|  GAS (WEEKLY) |  |
|  INSURANCE |  |
|  |  |
| FOOD |  |
|  |  |
| FURNITURE/APPLIANCE PAYMENTS |  |
|  |  |
| CREDIT CARDS |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| CHILD CARE |  |
|  |  |
| INSURANCE: |  |
|  MEDICAL |  |
|  RENTAL |  |
|  |  |
| MEDICAL/DENTAL EXPENSES: |  |
|  MEDICINE |  |
| PAYMENT PLAN – OUTSTANDING BILLS |  |
|  MISCELLANEOUS (EYEGLASSES, HEARING AIDS) |  |
|  CLOTHING (INCLUDES DIAPERS) |  |
|  |  |
| HOUSEHOLD SUPPLIES |  |
|  |  |
| PERSONAL HYGIENE |  |
|  |  |
| MISCELLANEOUS (EXAMPLES: CIGARETTES, ENTERTAINMENT) |  |
|  |  |

Signature Date

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