

Trinity Debt Management Services

Expense Management Worksheet

Client Name: _____
 No. of Household Members financially responsible for (please indicate): _____

Instructions: Completion of this worksheet is a requirement to provide a proposal. We ask that you complete it as thoroughly as possible and honest in your estimates, as inaccurate information can be detrimental to your case. Please complete the following thoroughly. Note "Monthly" Expenses and average "Annual" and "quarterly" expenses. The information requested and obtained is required and used strictly for determining Client's financial well being and to conduct Client's Financial Strategies Program.

MONTHLY INCOME: If savings or other miscellaneous deductions are taken out after taxes, indicate below on designated line the amount and "TKO" for taken out before receiving payroll check.

Client's & Spouse's Income (**Before** taxes) \$ _____
 Client's & Spouse's Income (**After** taxes) \$ _____
 Pay Cycle (Check): Weekly Bi-Weekly Monthly
 Interest/Dividends: \$ _____
 Social Security: \$ _____
 Miscellaneous Income: _____ \$ _____
TOTAL Household Net Monthly Income: \$ _____

ASSETS (please indicate current totals):

Checking: \$ _____
 Savings: \$ _____
Total Assets: \$ _____
Employment Type: (Check all that applies).
 W-2 Wage Earner: Yes or No
 If W-2, No. of Exemptions Filed? _____
 Home-Based Business: Yes or No
 Do you have a retirement plan? Yes or No
 Annual Retirement Income Goal \$ _____

EXPENSES (Please indicate all expenses. If a category does not appear, please note it on "Other" line):

Tithes: \$ _____
 Offering: \$ _____
 Charities: \$ _____
 Mortgage/Rent: \$ _____
 Second Mortgage: \$ _____
 Property Tax: \$ _____
 Homeowner/Rent Insurance \$ _____
 Utilities: Gas \$ _____
 Electricity \$ _____
 Water/Trash \$ _____
 Telephone: Phone: \$ _____
 Internet: \$ _____
 Cable/Satellite TV \$ _____
 Home Security: \$ _____
 Gardener/Landscape: \$ _____
 Pool Service: \$ _____
 Other Home Maintenance: [per month] \$ _____
 Car Payments: Interest Rate _____ \$ _____
 Gas (auto) \$ _____
 Car Registration (breakdown per month): \$ _____
 Auto Insurance: \$ _____
 Auto Maintenance Fees: \$ _____
 Car Wash: Self Service \$ _____
 Childcare/babysitting: \$ _____
 Alimony: \$ _____
 Child Support: \$ _____
 Education (Tuition/Books/Tutoring): \$ _____
 Groceries/Household Items: \$ _____
 Drinking Water Fees: \$ _____
 Laundry Mat Fees: \$ _____
 Dry Cleaning Fees: \$ _____
 Medical: (If not paid through employer): \$ _____
 Co-Pays/Prescriptions (per month): \$ _____
 Life Insurance: \$ _____
 Disability Insurance: \$ _____
 Dental/Vision Insurance: \$ _____
 Accidental Insurance: \$ _____
 Back Owed Taxes [monthly payment] \$ _____

Home: Major Purchases (Furniture) \$ _____
 Pets/Pet Supplies: \$ _____
 Clothing [estimate]: \$ _____
 Club fees/Sports/Lesson fees \$ _____
 Special Sports Clothing: \$ _____
 Magazine Subscriptions: \$ _____
 Newspaper Subscription: \$ _____
 Music/CD's/Tapes: \$ _____
 Extended Warranties: \$ _____
 Cigarettes/Alcohol/Gambling: \$ _____
 Beauty/Barber: \$ _____
 Manicure/Pedicures: \$ _____
 Entertainment: \$ _____
 Movies \$ _____
 Video Rentals \$ _____
 Amusement Parks/Athletic Games \$ _____
 Concerts \$ _____
 Hobbies \$ _____
 Eating Out/Restaurants \$ _____
 School Lunches \$ _____
 Bus/Taxi/Metro/Parking Fees: \$ _____
 Pager/Cell Phone Fees: \$ _____
 Counseling Fees/ Legal Fees (circle): \$ _____
 Standard Savings Account: \$ _____
 Investments/Retirement (Type): _____ \$ _____
 Toys/Gifts (Birthday/Christmas): [Est.] \$ _____
 Vacation: [last years average] \$ _____
 Storage Fees: \$ _____
 Business Expenses: \$ _____
 Other: HOA, etc. (List): _____ \$ _____

Debts: Total Credit Card / Loans

Credit Card Debt payments each mo. \$ _____
 Other Loan payments each mo. (not including those already noted): \$ _____
 Total Monthly Living Expenses: \$ _____
Balance (Left Over or Deficit): \$ _____