

In re _____ Debtor(s) Case No. _____

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- 1. Rent or home mortgage payment...
a. Are real estate taxes included? Yes ___ No ___
b. Is property insurance included? Yes ___ No ___
2. Utilities: a. Electricity and heating fuel \$ ___
b. Water and sewer \$ ___
c. Telephone \$ ___
d. Other \$ ___
3. Home maintenance (repairs and upkeep) \$ ___
4. Food \$ ___
5. Clothing \$ ___
6. Laundry and dry cleaning \$ ___
7. Medical and dental expenses \$ ___
8. Transportation (not including car payments) \$ ___
9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ ___
10. Charitable contributions \$ ___
11. Insurance (not deducted from wages or included in home mortgage payments)
a. Homeowner's or renter's \$ ___
b. Life \$ ___
c. Health \$ ___
d. Auto \$ ___
e. Other \$ ___
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) \$ ___
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)
a. Auto \$ ___
b. Other \$ ___
c. Other \$ ___
d. Other \$ ___
14. Alimony, maintenance, and support paid to others \$ ___
15. Payments for support of additional dependents not living at your home \$ ___
16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ ___
17. Other \$ ___
Other \$ ___

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

- 20. STATEMENT OF MONTHLY NET INCOME
a. Average monthly income from Line 15 of Schedule I \$ ___
b. Average monthly expenses from Line 18 above \$ ___
c. Monthly net income (a. minus b.) \$ ___