

EXPENSES (Please list):

Debtor	Address	Minimum Monthly Payment	Term of Loan
House(s): _____ _____	_____ _____	_____ _____	
Car(s): # _____ Make: _____ Year _____ Make: _____ Year _____	_____ _____	_____ _____	
Medical Insurance:			
Credit Cards: _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	
Utilities: (Power, Phone, Etc.) _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	
Donation:			
Other:			
Other Exceptional Family Expenses: _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	