

Plan to get there.SM

CASH FLOW QUESTIONNAIRE

<u>ITEM</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
HOUSING		
Mortgage payment	_____	_____
Property tax	_____	_____
Rent or lease payment	_____	_____
Home association dues	_____	_____
Homeowners or renters insurance	_____	_____
Umbrella liability insurance	_____	_____
Property improvements	_____	_____
Household supplies	_____	_____
Household help (yard, cleaning, etc.)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
 AUTOMOBILE		
Car payment	_____	_____
Car insurance	_____	_____
Operating expenses (gas, oil, etc.)	_____	_____
Maintenance	_____	_____
Commuting (tolls, parking, bus, etc.)	_____	_____
Property Tax	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
 OTHER PROPERTY TAXES		
Boat	_____	_____
Trailer	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
 FOOD		
Groceries	_____	_____
Dining out	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

ITEM

MONTHLY

ANNUAL

CLOTHING & PERSONAL CARE

Clothing	_____	_____
Dry cleaning	_____	_____
Salon	_____	_____
Gym membership	_____	_____
Other (yoga, massage, etc.):	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

UTILITIES

Telephone	_____	_____
Cellular Phone	_____	_____
Water	_____	_____
Electric	_____	_____
Oil	_____	_____
Natural gas/propane	_____	_____
Trash removal	_____	_____
Cable	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

ENTERTAINMENT

Vacation	_____	_____
Books	_____	_____
Newspaper	_____	_____
Movies (theatre, video, plays, etc.)	_____	_____
Club dues (golf, music, etc.)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

PROFESSIONAL EXPENSES

Tuition & fees	_____	_____
Books & supplies	_____	_____
Travel	_____	_____
Vehicle rental	_____	_____
Parking	_____	_____
Lodging	_____	_____
Meals	_____	_____
Entertainment	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

ITEM

MONTHLY

ANNUAL

FAMILY OBLIGATIONS

Alimony you owe	_____	_____
Child support you owe	_____	_____
Daycare	_____	_____
Domestic help (babysitter)	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

PET CARE

Food & supplies	_____	_____
Vet	_____	_____
Pet health insurance	_____	_____
Petsitter	_____	_____
Grooming	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

GIFTS

Birthdays	_____	_____
Christmas	_____	_____
Anniversaries	_____	_____
Other holidays	_____	_____
Subtotal:	_____	_____

CHARITABLE CONTRIBUTIONS

Churches, schools, etc.	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

MEDICAL EXPENSES

Doctor visit co-pay	_____	_____
Prescription co-pay	_____	_____
Dental care	_____	_____
Vision care	_____	_____
Other out-of-pocket	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

INSURANCE

Medical	_____	_____
Dental	_____	_____
Long Term Care	_____	_____
Life	_____	_____
Disability	_____	_____
Professional liability	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

