

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. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

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 (include lot rented for mobile home) \$ _____

a. Are real estate taxes included? Yes ___ No X

b. Is property insurance included? Yes ___ No X

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 _____ \$ _____

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 Cell Phone \$ _____

Other Personal Care Products/Services \$ _____

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.) \$ _____