

RECENT MONTHLY EXPENSES FORM FOR MEANS TESTING

Date form completed: _____

HOME LOANS

If more than two mortgages or trust deeds, list information on on reverse.

\$ _____ Monthly payment on 1st trust deed

Yes No Are payments current?
If not, amount of arrearages:

\$ _____

Yes No Impound account for taxes and insurance?

\$ _____ Monthly payment on 2d trust deed

Yes No Are payments current?
If not, amount of arrearages:

\$ _____

Yes No Impound account for taxes and insurance?

\$ _____ Monthly homeowner association dues

Yes No Are payments current?
If not, amount of arrearages:

\$ _____

DELINQUENT CHILD AND SPOUSAL SUPPORT

Yes No Is there a court order requiring you to pay child support or spousal support?

Yes No If so, are payments current (no more than two months behind)? If not, amount of arrearages:

\$ _____

CAR LOANS AND LEASES

\$ _____ Monthly payment on 1st car loan or lease

Yes No Are payments current?
If not, amount of arrearages:

\$ _____

\$ _____ Monthly payment on 2d car loan or lease

Yes No Are payments current?
If not, amount of arrearages:

\$ _____

DELINQUENT INCOME TAXES

Yes No Do you still owe state or federal income taxes for last year or the previous two years? If so:

Amount owed for last year:

\$ _____

Amount owed for the year before last year.

\$ _____

Amount owed for the year two years before last year.

\$ _____

MISCELLANEOUS AND EXTRAORDINARY EXPENSES FOR MEANS TESTING

Date form completed: _____

List amounts actually paid for the following:

	Child and spousal support	Childcare	Support (other than child and spousal support)	Healthcare	Charitable contributions
Since first day of this month					
1 month ago					
2 months ago					
3 months ago					
4 months ago					
5 months ago					
6 months ago					

	Telecommunications	Health insurance not deducted from wages	Other taxes	Life insurance	Disability Insurance
Since first day of this month					
1 month ago					
2 months ago					
3 months ago					
4 months ago					
5 months ago					
6 months ago					

Definitions:

Child and spousal support
List amounts actually paid to others. If amounts are owing but were not paid, list on reverse.

Childcare
List amounts paid for childcare. Do not include payments made for private schools or for any post-high school education.

Support (other than child and spousal support)
Amounts paid for an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.

Healthcare
Medical, dental, vision expenses not reimbursed by insurance. List payments to a health savings account separately.

Telecommunications
Cell phone, pagers, internet, etc., but only if necessary due to disability or health.

Other taxes
Taxes not deducted from wages. This includes estimated tax payments by the self-employed, real property taxes, and the like. Do not include sales taxes.