Section 6 - Current Expenses *(Schedule J)*

1. Is this a Joint Filing with your Spouse?

☐ No ☐ Yes

2. Please list all dependents of you and your spouse with their age and relationship to you *(if applicable)*.

Relationship	Age	Who does the dependent live with?

Do you and your spouse live separately and maintain separate households? ☐ No ☐ Yes. If **yes**, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

3. Do your expenses include another person's expenses other than yourself and your dependents?

☐ No ☐ Yes

Indicate how much you pay for each item each month:

4. Primary Rent or Home Mortgage: $ _____

   Does that amount include real estate taxes?

   ☐ No ☐ Yes

   If **yes**, how much do you pay? $_____

   Does that amount include property, homeowner's, or renter's insurance?

   ☐ No ☐ Yes

   If **yes**, how much do you pay? $_____

   Does that amount include any Home maintenance, repair, or upkeep expenses?

   ☐ No ☐ Yes

   If **yes**, how much do you pay? $_____

   Does that amount include any Homeowner's association or condominium dues?

   ☐ No ☐ Yes

   If **yes**, how much do you pay? $_____

5. Are there Additional Mortgage payments? $

   ☐ No ☐ Yes

   If **yes**, how much do you pay? _____

6. Utilities:

   a. Electricity and heating fuel: $ _____

   b. Water and sewer: $ _____

   c. Telephone service/long distance: $ _____

   d. Do you have any other utility bills? If **yes**, describe and enter monthly amount below:

   _____ $ _____

   _____ $ _____

   _____ $ _____

7. Food and housekeeping supplies $ _____

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8. Childcare and Children Education Costs _____ $ _____
9. Clothing, laundry, and dry cleaning: _____ $ _____
10. Personal care products and services: _____ $ _____
11. Medical and dental expenses: _____ $ _____
12. Transportation (do NOT include car payments): _____ $ _____
13. Recreation,entertainment, newspapers, magazines, and books: _____ $ _____
14. Charitable contributions and religious donations: _____ $ _____
15. Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: **(Do not include amounts entered in Line 4 or Line 20)**
    a. Life insurance: _____ $ _____
    b. Health insurance: _____ $ _____
    c. Auto insurance: _____ $ _____
    d. Other insurance *(describe and list monthly amount)*:
    _____ $ _____
    _____ $ _____
    _____ $ _____
16. Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses:
    _____ $ _____
    _____ $ _____
    _____ $ _____
17. Installment payments for car, furniture, etc. *(Describe)*:
    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____
18. Alimony, maintenance and support paid to others: _____ $ _____
19. Payments for support of additional dependents not living at your home: _____ $ _____
20. Other Real Estate Property expenses **NOT** included with Rent or Home Mortgage Property **(Do not include amounts entered in Line 4 or Line 5)** _____
    a. Mortgage payment on other Real Estate Property $ _____
    b. Taxes on other Real Estate Property $ _____
    c. Other Real Property, Homeowner's, or Renter's Insurance payments $ _____
    d. Home maintenance (including repairs and upkeep) $ _____
    e. Homeowner's association or condominium dues $ _____
21. Other expenses *(Describe)*: ***(please see "Additional Expenses" below before putting anything here)***
    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____
    _____ $ _____

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Describe any increase or decrease in expenses you expect to occur within the next year?

_____

Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

Additional Expenses *(707(b)Expenses for Form 122)*

17. Mandatory payroll deductions not already listed:

_____ $ _____

_____ $ _____

_____ $ _____

19. Court ordered payments not already listed:

_____ $ _____

_____ $ _____

_____ $ _____

20. Education for employment or for a physically or mentally challenged child: $ _____

21. Child care (*baby sitting, day care, nursery & preschool, etc.*): $ _____

25. Disability Insurance (*if not listed above*): $ _____

Health Savings Account: $ _____

26. Care for elderly, chronically ill or disabled family members: $ _____

27. Protection from family violence: $ _____

29. Education expense for your children under 18: $ _____

41. *(c13s)* Non-mandatory contributions to retirement accounts *(including loan repayments)*:

_____ $ _____

_____ $ _____

_____ $ _____

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