

MONTHLY INCOME AND EXPENSES

_____, avers that the following is a true and accurate statement of his/her monthly income and expenses, to the best of his/her knowledge, information and belief, the figures representing monthly averages:

INCOME:	AMOUNT
A. Gross Salary and Wages, including Commissions, Bonuses, Overtime, Etc.	
B. Pensions and Retirement	
C. Social Security	
D. Disability and Unemployment	
E. Dividends and Interest	
F. Rents	
G. Expense Account	
H. Other (Specify)	
I. Other (Specify)	
TOTAL GROSS INCOME	
MONTHLY DEDUCTIONS (MANDATORY)	
A. Federal Income Tax Withheld	
B. State Income Tax Withheld	
C. Social Security	
D. Medicare	
E. Other (Specify)	
TOTAL MANDATORY MONTHLY DEDUCTIONS	
MONTHLY DEDUCTIONS (VOLUNTARY)	
A. Health Insurance	
B. Disability Insurance	
C. Retirement/Pension	
D. Savings Plan	
E. Dues	
F. Other (Specify)	
G. Other (Specify)	
TOTAL VOLUNTARY DEDUCTIONS	
TOTAL MONTHLY DEDUCTIONS	
NET MONTHLY TAKE HOME PAY	

IV. MONTHLY EXPENSES	
A. Living Expenses	
1. Rent or Mortgage	
2. Homeowner's/Renter's Insurance	
3. Maintenance	
4. Homeowner's/Condo Dues	
5. Flood Insurance	
Total Living expenses	
B. Utilities	
1. Electricity	
2. Natural Gas	
3. Water & Sewerage	
4. Telephone	
5. Cell phone	
6. Cable/Internet	
7. Garbage	
Total Utilities	
C. Medical Bills	
1. Insurance	
2. Doctor/hospital #1	
3. Doctor/hospital #2	
4. Dental/Orthodontic	
5. Prescriptions	
6. Contacts/Glasses	
7. Counselling	
Total medical bills	
D. Education	
1. Uniforms	
2. Registration/Tuition	
3. Meals	
4. Transportation	
5. Books and Supplies	
6. Other (Specify)	
Total Education expenses	

E.	Automobile	
	1. Insurance	
	2. Lease/Mortgage	
	3. Gasoline	
	4. Maintenance	
	5. Other (Specify)	
	Total Automobile Expenses	
F.	Miscellaneous Expenses	
	1. Food & Household Supplies	
	2. Meals away from Home	
	3. Clothing	
	4. Laundry/Dry Cleaning	
	5. Child Care	
	6. Spousal/Child Support	
	7. Entertainment (Include Clubs, Dining, Recreation, Etc.)	
	8. Vacations	
	9. Gifts, Donations, Etc.	
	10. Newspaper, Magazines & Book Subscriptions	
	11. Personal Grooming	
	12. Security system	
	13. Lawn care	
	14. Pest control	
	15. Other (specify)	
	Total Miscellaneous expenses	
G.	Installment Obligations:	
1.	Balance:	
2.	Balance:	
3.	Balance:	
4.	Balance:	
5.	Balance:	
6.	Balance:	
	Total Installment Obligations	
H.	Other (Specify):	
	1.	
	2.	
	3.	
	Subtotal	
	TOTAL MONTHLY EXPENSES:	

V. RECAPITULATION:	
A. NET TAKE HOME INCOME	
B. TOTAL EXPENSES	
C. EXCESS OR NEED	

Petitioner

SWORN TO AND SUBSCRIBED to before the undersigned Notary Public on the ____ day of _____, 2023, at _____, Louisiana.

NOTARY PUBLIC