**Section 1075.APPENDIX A Estimated Monthly Income and Expenses Worksheet**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ESTIMATED MONTHLY INCOME: | | |  |  | |  |  |
|  |  | |  |  | |  |  |
| 1. | Paycheck (Net/"Take Home") | | $ |  | |  |  |
| 2. | Interest/Dividends | |  |  | |  |  |
| 3. | Social Security/Pension | |  |  | |  |  |
| 4. | Alimony/Child Support | |  |  | |  |  |
| 5. | Other | |  |  | |  |  |
| 6. |  | Total Estimated Monthly Income |  |  | | $ |  |
|  |  | (Add Lines 1 through 5) |  |  | |  |  |
|  |  | |  |  | |  |  |
| ESTIMATED MONTHLY EXPENSES: | | |  |  | |  |  |
|  |  | |  |  | |  |  |
| 7. | Mortgages/Rent | | $ |  | |  |  |
| 8. | Homeowner's/Renter's Insurance | |  |  | |  |  |
| 9. | Real Estate Taxes | |  |  | |  |  |
| 10. | Water & Sewer | |  |  | |  |  |
| 11. | House Repairs | |  |  | |  |  |
| 12. | Groceries | |  |  | |  |  |
| 13. | Telephone | |  |  | |  |  |
| 14. | Gas (House) | |  |  | |  |  |
| 15. | Electric | |  |  | |  |  |
| 16. | Credit Cards | |  |  | |  |  |
| 17. | Car Payments | |  |  | |  |  |
| 18. | Car Insurance | |  |  | |  |  |
| 19. | Licenses (Car) | |  |  | |  |  |
| 20. | Gas (Car) | |  |  | |  |  |
| 21. | Car Repairs/Maintenance | |  |  | |  |  |
| 22. | Clothing | |  |  | |  |  |
| 23. | Medical/Dental | |  |  | |  |  |
| 24. | Medical Insurance | |  |  | |  |  |
| 25. | Prescriptions | |  |  | |  |  |
| 26. | Loan Payments | |  |  | |  |  |
|  |  | (Not included in Line 2 or 17) |  |  | |  |  |
| 27. | Tuition | |  |  | |  |  |
| 28. | Contribution | |  |  | |  |  |
| 29. | Cellular Telephone | |  |  | |  |  |
| 30. | Pager | |  |  | |  |  |
| 31. | Recreation/Vacation | |  |  | |  |  |
| 32. | Other Insurance (Life, etc.) | |  |  | |  |  |
| 33. | Income Taxes | |  |  | |  |  |
| 34. | Alimony/Child Support | |  |  |  | |  |
| 35. | Transportation | |  |  |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 36. | Miscellaneous | |  |  |  |  |
| 37. | Other | |  |  |  |  |
| 38. |  | Total Estimated Monthly Expenses |  |  | $ |  |
|  |  | (Add Lines 7 through 37) |  |  |  |  |
|  |  | |  |  |  |  |
| 39. |  | \*Excess/Deficit |  |  | $ |  |
|  |  | (Subtract Line 38 from Line 6) |  |  |  |  |
|  | | | | | | |
| \*If Line 38 is greater than Line 6, your estimated monthly expenses exceed your estimated monthly income. | | | | | | |

(Source: Added at 25 Ill. Reg. 6197, effective May 17, 2001)