INITIAL CONSULTATION WORKSHEET

MONTHLY EXPENSES

Housing:

$_____ 1st Mortgage/Rent . . . . . # of Payments behind: _____
$_____ 2nd Mortgage . . . . . # of Payments behind: _____
$_____ Homeowners Dues . . . . . # of Payments behind: _____

Utilities:

$_____ Electric
$_____ Gas
$_____ Cable
$_____ Cell Phone
$_____ Home Phone
$_____ Water/Sewer/Garbage

Personal necessities:

$_____ Food (Groceries, cleaning supplies, paper products)
$_____ Clothing

Vehicle(s):

$_____ Car Payment #1 . . . . . # of Payments behind: _____
$_____ Car Payment #2 . . . . . # of Payments behind: _____
$_____ Gas/Transportation
$_____ Car Insurance
$_____ Car Maintenance

Other Expense:

$_____ Medical Expense not covered by insurance
$_____ Educational Expense
$_____ Property Tax
$_____ Business Expense
$_____ Daycare
$_____ Other _____
$_____ Other _____
$_____ Other _____
$_____ **TOTAL**

Secured Debts (Debts where you gave collateral to secure repayment of the loan):

Creditor	Balance	Collateral	Retain (Y/N)

Unsecured Debts (debts where there is no collateral given):

Creditor: _____ Balance: $_____
Creditor: _____ Balance: $_____
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