

HOUSEHOLD BUDGET

Post-separation Expenses (for ___ self or ___ self and children)

All expenses should be listed on a monthly basis. If any items are paid weekly, multiply by 4.33 to obtain monthly cost. Annual expenses should be divided by 12, etc.

(a) Housing:

- 1. Mortgage payment (first mortgage) _____ . . . _____
- 2. Home Equity Loan (second mortgage) _____ . . . _____
- 3. Condominium/cooperative charges _____ . . . _____
- 4. Taxes, if paid separately from mortgage _____ . . . _____
- 5. Homeowners Insurance, if paid separately _____ . . . _____
- 6. Rent; Rent Stabilized? _____ _____ . . . _____
- 7. Parking (where you live) _____ . . . _____
- TOTAL (a)** \$ _____ . . . \$ _____

(b) Utilities:

- 1. Gas/Electric (check here ___ if “budget” plan). _____ . . . _____
- 2. Regular Home Telephone _____ . . . _____
- 3. Cell Phone _____ . . . _____
- 4. Cable TV/satellite _____ . . . _____
- 5. DSL line _____ . . . _____
- 6. Internet Service _____ . . . _____
- 7. Security/Alarm _____ . . . _____
- 8. Pest Control (if monthly) _____ . . . _____
- 9. Heating Oil/Propane _____ . . . _____
- 10. Water/Sewer _____ . . . _____
- 11. Garbage _____ . . . _____
- 12. Gardening/lawn mowing/pool/sprinkler system _____ . . . _____
- 13. Snow plowing/Firewood _____ . . . _____
- 14. Other (indicate) _____ . . . _____
- TOTAL (b)** \$ _____ . . . \$ _____

FIXED MONTHLY HOUSING EXPENSES (a plus b) . . \$ _____ . .

(c) Household maintenance:

- 1. Ongoing repairs (carpenters, electricians, plumbers, etc) . . _____ . . _____
- 2. Replacement of furniture, linens, etc. (not new purchases) . . _____ . . _____
- 3. Maintenance of appliances (service contract? ___) _____ . . . _____
- 4. Replacement of major appliances (heating, AC, TV, etc) . . _____ . . _____
- 5. Painting (outside & inside, calculated monthly amount) . . _____ . . _____
- 6. Pest Control (if not included above as monthly cost) _____ . . . _____
- 7. House Cleaning (regular ongoing service) _____ . . . _____
- 8. Heavy duty periodic cleaning including window washing . . _____ . . _____
- 9. Carpet and Furniture cleaning _____ . . . _____
- 10. Maintenance of furnace/chimney _____ . . . _____

TOTAL (c) \$ _____ ..\$ _____

(d) Food:

- 1. Usual supermarket expenses, food and non-food items _____
- 2. Food brought in (take-out) _____
- 3. Wine & liquor _____
- 4. Extra cost if any for Holiday meals _____
- 5. Pet food if purchased separately _____
- TOTAL (d)** \$ _____

(e) Clothing:

- 1. Self _____
- 2. Children _____
- 3. Outside laundry _____
- 4. Dry cleaning _____
- TOTAL (e)**..... _____

(f) Automobiles: (list data for each automobile separately)

Year: _____ Make: _____ Lease ? _____ Payments End _____

- 1. Monthly payments _____
- 2. Gas _____
- 3. Maintenance & Repairs; Service Contract? _____ .. _____
- 4. Insurance _____
- 5. Registration fees, taxes, road service (AAA), etc .. _____
- 6. Garage/Parking (non-resident) _____
- 7. Tolls/E-Z Pass; tickets, car wash _____

Year: _____ Make: _____ Lease ? _____ Payments End _____

- 1. Monthly payments _____
- 2. Gas _____
- 3. Maintenance & Repairs; Service contract? _____ .. _____
- 4. Insurance _____
- 5. Registration fees, taxes, road service, (AAA), etc. _____
- 6. Garage/Parking (non-resident) _____
- 7. Tolls/E-Z Pass, tickets, car wash _____

Year: _____ Make: _____ Lease ? _____ Payments End _____

- 1. Monthly payments _____
- 2. Gas _____
- 3. Maintenance & Repairs; Service Contract? _____ .. _____
- 4. Insurance _____
- 5. Registration fees, taxes, road service (AAA), etc.. .. _____

- 6. Garage/Parking (non-resident)
- 7. Tolls/E-Z Pass, tickets, car wash
- TOTAL (f)**

(g) Health: Plan

- 1. Insurance premium (may be different going forward)
- 2. Co-insurance cost (# of monthly visits x co-payment)
- 3. Unreimbursed or uncovered medical
- 4. Unreimbursed dental
- 5. Unreimbursed orthodontics; Balance owed \$
- 6. Optical (exam plus costs of glasses or contacts)
- 7. Medicine/drugs (# prescriptions x co-payment)
- 8. Non-prescription medicines, etc. if not already included
- 9. Psychotherapy (after reimbursement-assume 46 weeks/year)
- 10. Other (indicate)
- TOTAL (g)**

(h) Insurance (non-health) and Professional Services:

- 1. Life Insurance through employment-indicate monthly costs
- 2. Life Insurance: Face amount \$ _____ and monthly cost
- 3. Disability- indicate benefit \$ _____ and monthly cost
- 4. Umbrella Policy (separate and in addition to homeowners)
- 5. Long Term Care Insurance
- 6. Accountant, Financial Planner, Attorney, etc.
- 7. Office Supplies, computer supplies, postage, etc.
- 8. Other (indicate)
- TOTAL (h)**

(i) Loans and credit card payments:

- 1. Student loans- total owed \$ _____ and monthly payments
- 2. Credit cards total owed interest rate minimum payments
 - Mastercard
 - Mastercard
 - Visa
 - Visa
 - Department stores
 - Other
- 3. Overdraft checking
- 4. Credit union/personal loan
- 5. Other (indicate)
- TOTAL (i)**

(j) Education (list each person separately)

Private School (net after scholarships)
Tuition

Additional Contribution _____
 Transportation _____
 Books & supplies _____
 Uniforms _____
 Lunch (if paid annually) _____
 Other (indicate) _____

1. College (net after scholarships) child or self _____
 Tuition _____
 Room & Board _____
 Books & supplies _____
 Fees _____
 Transportation _____
 Allowance _____
 Other (indicate) _____
TOTAL (j) \$ _____

(k) Direct Child Expenses: List for each child separately:

1. Baby-sitter _____
 2. Day care/Nursery School _____
 3. After school costs (include holiday periods) _____
 4. Summer camp and related expenses _____
 5. Music and other lessons _____
 6. Tutoring & remediation _____
 7. Religious Instruction _____
 8. Sports teams and equipment _____
 9. Toys, games, etc. _____
 10. Computer hardware and software _____
 11. School lunches and snacks _____
 12. School extras – supplies, photos, trips, etc. _____
 13. Trips & vacations taken without parents _____
 14. Gifts for children’s friends (birthdays etc.) _____
 15. Allowance _____
 16. Child Care Person-salary, fees, taxes, etc..... _____
 17. Other (indicate) _____
TOTAL (k) \$ _____ \$ _____

(l) Recreation/Entertainment (separate amounts for self & children):

	<u>Self</u>	<u>Children</u>
1. Eating out _____	_____	_____
2. Movies _____	_____	_____
3. Theater and concerts _____	_____	_____
4. Spectator sports _____	_____	_____

- 5. Weekend Vacations, family events, etc. _____
- 6. Annual Vacations(winter, spring, summer). _____
- 7. Hobbies _____
- 8. Video rentals _____
- 9. Purchase of books, CD's, DVD's, videos, etc. _____
- 10. Club/Gym memberships, tennis, etc. _____
- 11. Personal Trainer _____
- 12. Other (indicate) _____
- TOTAL (l)** \$ _____ . \$ _____

(m) Personal care:

- 1. Beauty parlor/barber _____
- 2. Manicure, pedicure, etc. _____
- 3. Cosmetics & toiletries (if not already included) _____
- 4. Other (indicate) _____
- TOTAL (m)** \$ _____

(n) Miscellaneous:

- 1. Magazines, newspaper, etc. (subscriptions + daily) _____
- 2. Museum memberships, etc. _____
- 3. Union and organization dues _____
- 4. Gifts (holidays, birthdays, etc.) _____
- 5. Holiday expenses (Christmas tree, gifts for doormen, etc.) _____
- 6. Pet expenses (if not already included) _____
- 7. Church or Synagogue dues _____
- 8. Charitable contributions _____
- 9. Car service, taxicabs _____
- 10. Commutation and transportation costs (Metrocard). _____
- 11. Spending Money – lunch, snacks, cigarettes, etc. _____
- 12. Alimony/maintenance (prior marriage plus any child support). _____
- 13. Savings including college savings plans, 401K contributions, etc _____
- TOTAL (n)** \$ _____

TOTALS

- | | |
|---------|---------|
| A _____ | H _____ |
| B _____ | I _____ |
| C _____ | J _____ |
| D _____ | K _____ |
| E _____ | L _____ |
| F _____ | M _____ |



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G _____

N _____

TOTAL (a-n) \$ _____

Adjustments _____

Adjustments Total \$ _____

New Total \$ _____