

## List of Assets and Their Value

<b>ASSET</b>	<b>JOINT PROPERTY</b>	<b>HUSBAND'S SEPARATE PROPERTY</b>	<b>WIFE'S SEPARATE PROPERTY</b>
House			
Business			
Car			
Savings			
Checking			
Brokerage			
Pension			
IRA or 401K			
CD			
Furniture			
Jewelry			
Other			
<b>TOTAL:</b>			

## Income and Employment Information

Job title	_____
Primary employer	_____
Hours per week	_____
Income	_____
Monthly payroll	_____
Monthly payroll deductions	_____
<i>Exemptions claimed</i>	_____
<i>Federal income tax</i>	_____
<i>Social Security</i>	_____
<i>Medicare</i>	_____
<i>State or local income tax</i>	_____
<i>Health insurance premium</i>	_____
<i>Dental insurance premium</i>	_____
<i>401(k) contributions</i>	_____
<i>Total payroll deductions</i>	_____
Net monthly payroll income	_____
Income from other sources	_____
Deductions from income from other sources, including legitimate business expenses	_____
Net monthly income from other sources	_____
Net monthly income from all sources	_____
Net monthly income of children	_____
Monthly income of other spouse	_____
Income reported on last tax return	_____

# Assets

## Real estate

Location \_\_\_\_\_  
Market Value \_\_\_\_\_  
Outstanding Mortgage \_\_\_\_\_  
Net Equity \_\_\_\_\_  
All Furniture \_\_\_\_\_

## Motor vehicles

Year and Make \_\_\_\_\_  
Market value \_\_\_\_\_  
Outstanding loans \_\_\_\_\_  
Net equity \_\_\_\_\_

## Bank accounts

Name of bank \_\_\_\_\_  
Current balance \_\_\_\_\_

## Stocks

Stocks, bonds, and mutual funds. Include  
stock or bond name, shares or par, and the  
market value for each position or holding  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assets**

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Life insurance. List the company name,  
the policy number, the owner's name, the  
insured's name, the beneficiary's name, the  
face value, and the cash surrender value:

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Pension, profit sharing, and retirement plans.  
For each plan, list the plan name, the partic-  
ipant, and the value:

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**TOTAL ASSETS**

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# Expenses

## Housing

*Rent*

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*First mortgage*

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*Second mortgage*

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*Homeowner's fee*

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**SUBTOTAL**

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## Utilities

*Gas and electric*

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*Cell phone*

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*Landline*

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*Water and sewer*

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*Trash collection*

---

*Cable/Internet*

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**SUBTOTAL**

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## Food

*Grocery Items*

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*Restaurant*

---

**SUBTOTAL**

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## Medical (after insurance)

*Doctor*

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*Dentist*

---

*Prescriptions*

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*Therapy*

---

**SUBTOTAL**

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## Insurance

*Car insurance*

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*Life insurance*

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Expenses

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*Health insurance*

---

*Homeowner's insurance*

---

**SUBTOTAL**

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Transportation

*Vehicle 1*

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**PAYMENT**

---

**FUEL**

---

**REPAIR AND MAINTENANCE**

---

**INSURANCE**

---

**PARKING**

---

**SUBTOTAL**

---

*Vehicle 2*

---

**PAYMENT**

---

**FUEL**

---

**REPAIR AND MAINTENANCE**

---

**INSURANCE**

---

**PARKING**

---

**SUBTOTAL**

---

Clothing

*Clothing*

---

*Laundry*

---

**SUBTOTAL**

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**Expenses for Children**

Childcare

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Education

---

School

---

Lunches

---

Expenses

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Extracurricular activities \_\_\_\_\_

Subtotal \_\_\_\_\_

**Miscellaneous Expenses for Each Spouse**

Tuition \_\_\_\_\_

Books and Fees \_\_\_\_\_

Recreation \_\_\_\_\_

Entertainment \_\_\_\_\_

Hobbies \_\_\_\_\_

Membership in clubs \_\_\_\_\_

Miscellaneous \_\_\_\_\_

Gifts \_\_\_\_\_

Hair/nail care \_\_\_\_\_

Books/newspapers \_\_\_\_\_

Donations \_\_\_\_\_

Other \_\_\_\_\_

**SUBTOTAL** \_\_\_\_\_

Total Monthly Expenses for You \_\_\_\_\_

Total Monthly Expenses for Your Spouse \_\_\_\_\_

Total Monthly Expenses for Your Child(ren) \_\_\_\_\_

**Total Expenses for All Family Members** \_\_\_\_\_