

SCHEDULE A

Schedule of Living Expenses for

Please indicate whether amount is yearly, monthly or weekly.

EXPENSE:	Yearly	Monthly	Weekly
1. Mortgage			
(a) Principal	\$ _____	\$ _____	\$ _____
(b) Interest	_____	_____	_____
(c) Taxes	_____	_____	_____
(d) Special Assessments	_____	_____	_____
(e) Condo Fees	_____	_____	_____
2. Apartment			
(a) Rent	\$ _____	\$ _____	\$ _____
(b) Parking Fees	_____	_____	_____
(c) Amenities Fees	_____	_____	_____
(d) Tax Clause	_____	_____	_____
(e) Other (specify) _____	_____	_____	_____
3. Utilities			
(a) Heat	\$ _____	\$ _____	\$ _____
(b) Electricity	_____	_____	_____
(c) Gas	_____	_____	_____
(d) Telephone	_____	_____	_____
(e) Satellite / Cable	_____	_____	_____
4. Water & Sewer Fees	\$ _____	\$ _____	\$ _____
5. Homeowner's / Renter's Insurance	\$ _____	\$ _____	\$ _____
6. Allowance for Major Home Repairs and Maintenance (estimated)	\$ _____	\$ _____	\$ _____
7. Allowance for Repair and Replacement of Furniture and Appliances (estimated)	\$ _____	\$ _____	\$ _____
8. Major Household Cleaning (drapes, carpets, etc.)	\$ _____	\$ _____	\$ _____

9. Appliance Maintenance Contract or Service Insurance or (washer, dryer, etc.)	\$ _____	\$ _____	\$ _____
10. Grounds Maintenance			
(a) Snow Removal	\$ _____	\$ _____	\$ _____
(b) Trash Removal	_____	_____	_____
(c) Gardener	_____	_____	_____
(d) Tree and Shrub Care	_____	_____	_____
(e) Supplies	_____	_____	_____
(f) Equipment	_____	_____	_____
(g) Cesspool / Septic Tank	_____	_____	_____
(h) Pool	_____	_____	_____
(i) Other (specify) _____	_____	_____	_____
11. Food	\$ _____	\$ _____	\$ _____
12. Household Supplies	\$ _____	\$ _____	\$ _____
13. Clothing			
(a) Self	\$ _____	\$ _____	\$ _____
(b) Children	_____	_____	_____
14. Medical Insurance	\$ _____	\$ _____	\$ _____
15. Uninsured Medical Expenses			
(a) General Practitioner	\$ _____	\$ _____	\$ _____
(b) Pediatrician	_____	_____	_____
(c) Psychiatrist / Psychologist	_____	_____	_____
(d) Gynecologist	_____	_____	_____
(e) Prescriptions / Medications	_____	_____	_____
(f) Other (specify) _____	_____	_____	_____
16. Dental Insurance	\$ _____	\$ _____	\$ _____
17. Uninsured Dental Expenses			
(a) General	\$ _____	\$ _____	\$ _____
(b) Orthodontist	_____	_____	_____
(c) Periodontist	_____	_____	_____
(d) Other (specify) _____	_____	_____	_____
18. Optometry			
(a) Eyeglasses	\$ _____	\$ _____	\$ _____
(b) Ophthalmologist	_____	_____	_____

19. Automobile			
(a) Loan Payment (Months remaining:)	\$ _____	\$ _____	\$ _____
(b) Gasoline	_____	_____	_____
(c) Grease, Oil, Fluids	_____	_____	_____
(d) General Repairs	_____	_____	_____
(e) Registration, Inspection, License	_____	_____	_____
(f) Insurance	_____	_____	_____
(g) Excise Tax	_____	_____	_____
(h) Motor Club Dues	_____	_____	_____
(i) Other (specify) _____	_____	_____	_____
20. Dry Cleaning / Laundry	\$ _____	\$ _____	\$ _____
21. Hair Care			
(a) Self	\$ _____	\$ _____	\$ _____
(b) Children			
22. Domestic Help			
(a) Housekeeper	\$ _____	\$ _____	\$ _____
(b) Cook	_____	_____	_____
(c) Laundress	_____	_____	_____
(d) Handyman	_____	_____	_____
(e) Other (specify) _____	_____	_____	_____
23. Gifts			
(a) Birthdays	\$ _____	\$ _____	\$ _____
(b) Weddings	_____	_____	_____
(c) Anniversaries	_____	_____	_____
(d) Christmas / Hanukkah	_____	_____	_____
(e) Miscellaneous	_____	_____	_____
24. Life Insurance Premiums			
Policy Number Term / Whole			
(a) _____ Term	\$ _____	\$ _____	\$ _____
(b) _____ Term	_____	_____	_____
(c) _____ Term	_____	_____	_____
(d) _____ Term	_____	_____	_____
25. Baby Sitter Fees	\$ _____	\$ _____	\$ _____
26. Day Care Fees	\$ _____	\$ _____	\$ _____

27. Education (specify institution and for whom)

Name: _____ Institution: _____

- | | | | |
|---------------------------|----------|----------|----------|
| (a) Tuition | \$ _____ | \$ _____ | \$ _____ |
| (b) Room and Board | _____ | _____ | _____ |
| (c) Transportation | _____ | _____ | _____ |
| (d) Books and Records | _____ | _____ | _____ |
| (e) Activity Fees | _____ | _____ | _____ |
| (f) Lab Fees | _____ | _____ | _____ |
| (g) Insurance | _____ | _____ | _____ |
| (h) Supplies | _____ | _____ | _____ |
| (i) Lunches | _____ | _____ | _____ |
| (j) Other (specify) _____ | _____ | _____ | _____ |

Name: _____ Institution: _____

- | | | | |
|---------------------------|----------|----------|----------|
| (a) Tuition | \$ _____ | \$ _____ | \$ _____ |
| (b) Room and Board | _____ | _____ | _____ |
| (c) Transportation | _____ | _____ | _____ |
| (d) Books and Records | _____ | _____ | _____ |
| (e) Activity Fees | _____ | _____ | _____ |
| (f) Lab Fees | _____ | _____ | _____ |
| (g) Insurance | _____ | _____ | _____ |
| (h) Supplies | _____ | _____ | _____ |
| (i) Lunches | _____ | _____ | _____ |
| (j) Other (specify) _____ | _____ | _____ | _____ |

Name: _____ Institution: _____

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|---------------------------|----------|----------|----------|
| (a) Tuition | \$ _____ | \$ _____ | \$ _____ |
| (b) Room and Board | _____ | _____ | _____ |
| (c) Transportation | _____ | _____ | _____ |
| (d) Books and Records | _____ | _____ | _____ |
| (e) Activity Fees | _____ | _____ | _____ |
| (f) Lab Fees | _____ | _____ | _____ |
| (g) Insurance | _____ | _____ | _____ |
| (h) Supplies | _____ | _____ | _____ |
| (i) Lunches | _____ | _____ | _____ |
| (j) Other (specify) _____ | _____ | _____ | _____ |

Name: _____ Institution: _____

(a) Tuition	\$ _____	\$ _____	\$ _____
(b) Room and Board	_____	_____	_____
(c) Transportation	_____	_____	_____
(d) Books and Records	_____	_____	_____
(e) Activity Fees	_____	_____	_____
(f) Lab Fees	_____	_____	_____
(g) Insurance	_____	_____	_____
(h) Supplies	_____	_____	_____
(i) Lunches	_____	_____	_____
(j) Other (specify) _____	_____	_____	_____
28. Entertainment			
(a) Self	\$ _____	\$ _____	\$ _____
(b) Children	_____	_____	_____
29. Summer Camp and Equipment			
(a) Child, Age _____	\$ _____	\$ _____	\$ _____
(b) Child, Age _____	_____	_____	_____
(c) Child, Age _____	_____	_____	_____
(d) Child, Age _____	_____	_____	_____
30. Contributions			
(a) Church	\$ _____	\$ _____	\$ _____
(b) Temple Dues	_____	_____	_____
(c) Charity	_____	_____	_____
(d) Other (specify) _____	_____	_____	_____
31. Vacations			
(a) Weekends	\$ _____	\$ _____	\$ _____
(b) Winter	_____	_____	_____
(c) Spring	_____	_____	_____
(d) Summer	_____	_____	_____
(e) Fall	_____	_____	_____
(f) Other	_____	_____	_____
32. Club Memberships			
(a) Country Club	\$ _____	\$ _____	\$ _____
(b) Health Club	_____	_____	_____
(c) Other (specify) _____	_____	_____	_____

33. Children's Allowances			
(a) Child, Age _____	\$ _____	\$ _____	\$ _____
(b) Child, Age _____	_____	_____	_____
(c) Child, Age _____	_____	_____	_____
(d) Child, Age _____	_____	_____	_____
34. Newspapers, Magazines	\$ _____	\$ _____	\$ _____
35. Professional Memberships			
Books and Periodicals	\$ _____	\$ _____	\$ _____
Dues	_____	_____	_____
36. Miscellaneous Insurance			
(a) Accidental Death	\$ _____	\$ _____	\$ _____
(b) Disability	_____	_____	_____
(c) Flight	_____	_____	_____
(d) Other (specify) _____	_____	_____	_____
37. Miscellaneous			
(a) Shoe Repair, Tailor	\$ _____	\$ _____	\$ _____
(b) Other (specify) _____	_____	_____	_____
38. Household Pet Allowance	\$ _____	\$ _____	\$ _____
39. Miscellaneous Expenses			
(a) Transportation	\$ _____	\$ _____	\$ _____
(b) Allowance for Taxes on Alimony	_____	_____	_____
(c) Court-Ordered Family Support	_____	_____	_____
(d) Meals Outside Home	_____	_____	_____
(e) Allowance for Savings / Investment	_____	_____	_____
(f) Other (specify) _____	_____	_____	_____
(g) Other (specify) _____	_____	_____	_____
(h) Other (specify) _____	_____	_____	_____
(i) Other (specify) _____	_____	_____	_____

NOTES, REMARKS AND COMMENTS:

DATED: _____