

K E L S E Y & T R A S K , P . C .

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MONTHLY BUDGET

This form is necessary to determine how much you spend each month on living expenses. Be sure to write in the MONTHLY amounts in the spaces provided.

HOUSING EXPENSES

Mortgage Payment \$ _____
Rental Payment \$ _____
Home Maintenance \$ _____
Real Estate Taxes \$ _____
Condo Association Fees \$ _____
Lawn/Snow Service \$ _____
Storage Fees \$ _____

UTILITIES

Cable TV \$ _____
Garbage & Recycling \$ _____
Gas \$ _____
Internet \$ _____
Telephone \$ _____
Water \$ _____
Electric \$ _____
Cell Phone \$ _____
Alarm System \$ _____

BASIC NEEDS

Food \$ _____
Clothing \$ _____
Laundry/Dry Cleaning \$ _____
Groceries \$ _____
Coffee Tea \$ _____
Meals & Entertainment \$ _____
Hair/Nails \$ _____
Personal Care Items \$ _____
Take Out \$ _____

INSURANCE

Renters Insurance \$ _____
Home Insurance \$ _____
Life Insurance \$ _____
Health Insurance \$ _____
Automobile Insurance \$ _____

CHILD(REN)

Babysitter/Child Care \$ _____
Diapers/Formula \$ _____
School Expenses \$ _____
School Lunches \$ _____
Sports Fees/Apparel \$ _____
Activities/Camps/Recitals \$ _____
Parties \$ _____

TRANSPORTATION FEES

Auto Payments \$ _____
Auto Lease \$ _____
Gas \$ _____
Registration \$ _____
Service \$ _____
Tolls \$ _____
Parking \$ _____

MEDICAL EXPENSES (NOT COVERED BY INSURANCE)

Children's Dental/Braces \$ _____
Co-Pays \$ _____
Glasses \$ _____
Physical Therapy \$ _____
Psychiatrist/Therapist \$ _____
Prescriptions \$ _____

OTHER EXPENSES

Alimony \$ _____
Child Support \$ _____
Gifts \$ _____
Health/Fitness Memberships \$ _____
Pets \$ _____
Professional/ Legal Fees \$ _____
Travel \$ _____
Loans \$ _____
School Loans \$ _____
Miscellaneous \$ _____