

## Fixed Regular Expenses

Please show here a weekly amount of expenses. If your expense is billed on a monthly basis, please divide into weekly amounts.

	Average Weekly Amount
<b>Total Income Tax</b>	\$
<b>Superannuation</b> (plan name)	\$
<b>Mortgage Payments/Rent</b> (name of lender/landlord)	\$
<b>Rates/Unit Levies</b>	\$
<b>Other Mortgage Payment</b> (name of lender & address of property)	\$
<b>Other Rate/Levies</b>	\$
<b>Life Insurance Premiums</b> (name of insurer, type of policy & policy number)	\$
(name of insurer, type of policy & policy number)	\$
<b>Other Insurance Premiums</b> (name of insurer, type of policy & policy number)	\$
(name of insurer, type of policy & policy number)	\$

(name of insurer, type of policy & policy number)	\$
<b>Motor Vehicle Registration</b> (reg no. & vehicle make)	\$
<b>Hire Purchase/Lease Agreements</b> (Describe the item, name of company/person)  (Describe the item, name of company/person)  (Describe the item, name of company/person)	\$  \$  \$
<b>Loan Repayments</b> (name of lender & type of loan)	\$
<b>Credit Card Payments</b> (card type, minimum payment amount, name of company)  (card type, minimum payment amount, name of company)	\$  \$
<b>Actual Payment</b> <b>Maintenance Payments/Child Support</b>  Paid for the benefit of: Pick one: Assessment   Agreement   Order	\$
Total of all other expenditure	\$
<b>TOTAL PERSONAL EXPENDITURE</b>	\$

## Variable expenses

Please estimate your weekly spend for each item.

ITEM	TOTAL	FOR YOU	CHILDREN (if applicable)	ADULTS (if applicable)
<b>Food</b>	\$	\$	\$	\$
<b>Household Supplies</b>	\$	\$	\$	\$
<b>House Repairs</b>	\$	\$	\$	\$
<b>Gas</b>	\$	\$	\$	\$
<b>Electricity</b>	\$	\$	\$	\$
<b>Heating Fuel</b>	\$	\$	\$	\$
<b>Telephone</b>	\$	\$	\$	\$
<b>Motor Vehicle</b>	\$	\$	\$	\$
- Petrol	\$	\$	\$	\$
- Maintenance	\$	\$	\$	\$
<b>Fares/Car Parking</b>	\$	\$	\$	\$
<b>Clothing &amp; Shoes</b>	\$	\$	\$	\$
<b>Children's Activities</b>	\$	\$	\$	\$
<b>Child Minding</b>	\$	\$	\$	\$
<b>Medical, Dental &amp; Optical</b> (not including insurance)	\$	\$	\$	\$

<b>Entertainment/Hobbies</b>	\$	\$	\$	\$
<b>Education Expenses</b> (including fees & levies)	\$	\$	\$	\$
<b>Chemist/Pharmaceutical</b>	\$	\$	\$	\$
<b>Gardening/Lawn Mowing</b>	\$	\$	\$	\$
<b>Cleaning</b> (house/pool)	\$	\$	\$	\$
<b>Repairs</b> (furnishings & appliances)	\$	\$	\$	\$
<b>Dry Cleaning</b>	\$	\$	\$	\$
<b>Books &amp; Magazines</b>	\$	\$	\$	\$
<b>Gifts</b>	\$	\$	\$	\$
<b>Hairdressing &amp; Toiletries</b>	\$	\$	\$	\$
<b>Other Necessary Commitments</b> (specify)	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$