

**Income:**

(combined monthly gross)

\_\_\_\_\_

**Expenses:**

Rent or mortgage

\_\_\_\_\_

Electricity and heat

\_\_\_\_\_

Water and sewer

\_\_\_\_\_

Telephone

\_\_\_\_\_

Home maintenance

\_\_\_\_\_

Food

\_\_\_\_\_

Clothing

\_\_\_\_\_

Laundry and dry cleaning

\_\_\_\_\_

Medical and dental expenses

\_\_\_\_\_

Transportation(not car payment)

\_\_\_\_\_

Recreation

\_\_\_\_\_

Charitable contributions

\_\_\_\_\_

**Insurance:**

homeowners

\_\_\_\_\_

life

\_\_\_\_\_

health

\_\_\_\_\_

auto

\_\_\_\_\_

other

\_\_\_\_\_

Taxes

\_\_\_\_\_

Auto payments

\_\_\_\_\_

Alimony, maintenance and support made to others

\_\_\_\_\_

Regular expenses from operation of business (attach detail)

\_\_\_\_\_

Other

\_\_\_\_\_

Other

\_\_\_\_\_

**Total Expenses:**

Total NET monthly income (after taxes)

\_\_\_\_\_

Total NET monthly expenses

\_\_\_\_\_

Excess income

\_\_\_\_\_

Chapter 13 monthly plan payment

\_\_\_\_\_

**Name:**

\_\_\_\_\_

**Case Number:**

\_\_\_\_\_

Mail to:

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