

BANKS LAW FIRM
INCOME AND EXPENSE QUESTIONNAIRE
(PLEASE COMPLETE ALL ITEMS)

FAMILY AND EMPLOYMENT INFORMATION

Your Marital Status:	Your (and Your Spouse's) Dependents			
	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Name</td> <td style="width: 30%; border: none;">Age</td> <td style="width: 40%; border: none;">Relationship</td> </tr> </table>	Name	Age	Relationship
Name	Age	Relationship		
Employment				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">You</td> <td style="width: 50%; border: none;">Spouse</td> </tr> </table>		You	Spouse	
You	Spouse			
Occupation:				
Name of Employer:				
How Long Employed:				
Address of Employer:				

INCOME INFORMATION

Employment Information	You	Your Spouse
<p>If you are employed (not self employed), please indicate how often you are paid:</p> <p>For each pay period, please provide the following information:</p> <ul style="list-style-type: none"> Gross Income: Payroll taxes and Social Security Deducted: Insurance Deducted: Retirement Deducted: Other Payroll Deductions—Please Specify: 		

Regular Monthly Income From a Business or Profession:

Monthly Income From Real Property:

Alimony or Child Support Payments:

Social Security or Government Assistance:

Pension or Retirement:

Other Monthly Income—Please Specify:

Total Net Monthly Income

Do you expect any increase or decrease of more than 10% in any previous category anticipated to occur in the next twelve months? Yes No

If yes, please explain:

EXPENSE INFORMATION

Expense Categories (Average Household Expense Per Month) Please Include Expenses For Entire Family	Amount
Rent or Home Mortgage Payment	
Electricity and Heating Fuel	
Water and Sewer	
Telephone	
Other Utilities (For Example, Cable TV, Pager, Cell Phone—Please Specify)	
Home Maintenance (Repairs and Upkeep)	
Food	
Clothing	
Laundry and Dry Cleaning	
Medical and Dental Expenses	
Transportation (Gasoline and Maintenance—Not Including Car Payments)	
Recreation, Clubs and Entertainment, Newspapers, etc.	
Charitable Contributions	
Homeowner's or Renter's Insurance	
Life Insurance (Not Deducted From Pay Check)	
Health Insurance (Not Deducted From Pay Check)	
Auto Insurance	
Other Insurance—Please Specify Type	
Taxes Not Deducted From Wages or in Home Mortgage Payments	
Installment Auto Payment	

Other Installment Payments (For Example, Second Mortgage, Second Auto, or Other Secured Debt— Please Specify)	
Alimony, Maintenance, and Support Paid to Others	
Payments for Dependents Not Living at Your Home	
Operation Expenses of Business or Profession	
Other Expenses—Please Specify	
Total Monthly Expenses	