

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)	_____	_____	\$ _____	\$ _____	\$ _____
(b)	_____	_____	_____	_____	_____
(c)	_____	_____	_____	_____	_____
(d)	_____	_____	_____	_____	_____

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: _____

(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: _____

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