**On a monthly basis, how much do you currently spend on the following items? IF you are purchasing a new property you will also need to include rates/insurance etc**

|  |  |
| --- | --- |
| **Utilities** – Electricity, gas and water bills for your home | $ |
| **Household OO** – Necessary expenses to run your home (e.g. rates, home and contents insurance, repairs and maintenance, body corporate fees) | $ |
| **Household INV** – Necessary expenses to run your home (e.g. rates, home and contents insurance, repairs and maintenance, body corporate fees) | $ |
| **TV & Communications** – Phone, internet and pay TV | $ |
| **Groceries** – Typical supermarket shop including food, cleaning products and toiletries | $ |
| **Personal** – Essential spending on yourself and your dependents (e.g. clothing and shoes, haircuts, cosmetics, personal care) | $ |
| **\*Lifestyle** – Regular spending on entertainment, lifestyle, hobbies (e.g. gym, eating out, pets, movies, domestic travel) | $ |
| **Public Transport & Vehicle Running Costs** – What you spend on public transport and on your car (e.g. registration, insurance, servicing, petrol) | $ |
| **Childcare** – Childcare costs | $ |
| **Health** – Dental, optical and pharmaceutical etc. | $ |
| **Public Education** – Government primary and secondary education (e.g. school fees, uniforms, books, excursions and camps) | $ |
| **Child Maintenance** – Regular child maintenance payments | $ |
| **Private and/or Tertiary Education** – School fees, uniforms, books, excursions and camps | $ |
| **Personal Insurance** – Health, life cover, disability and income protection insurances | $ |
| **Other Expenses** – Any other non-essential monthly expenses (e.g. gardener, cleaner, housekeeper, overseas travel, gifts, donations, doctor visits, ongoing hospital costs) | $ |
| **TOTAL MONTHLY LIVING EXPENSES** | **$** |

Client 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_ Date: \_\_\_\_ /\_\_\_\_ /\_\_\_\_