

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE MIDDLE DISTRICT OF TENNESSEE**

IN RE:	)	
	)	
	)	CASE NO.
	)	CHAPTER [12 or 13]
Debtor(s).	)	JUDGE
	)	

**AMENDED MONTHLY FAMILY BUDGET**

		<u>Prior Budget*</u>	<u>Current Budget*</u>
Dates of Budgets:		_____	_____
<b><u>EXPENSES</u></b>			
Rent/Mortgage Payment:		_____	_____
Utilities:	Prior*	Current*	
Electric:	_____	_____	
Water:	_____	_____	
Heat:	_____	_____	
Telephone/Internet	_____	_____	
Trash:	_____	_____	
Cable/Satellite:	_____	_____	
Other (_____):	_____	_____	
<b>Total Utilities:</b>		_____	_____
Food:		_____	_____
Clothing:		_____	_____
Laundry & Dry Cleaning:		_____	_____
Newspapers, Books, etc.:		_____	_____
Medical & Dental Expenses:		_____	_____
Transportation:		_____	_____
Insurance (not deducted from wages):			
Auto:	_____	_____	
Life:	_____	_____	
Home:	_____	_____	
Renters:	_____	_____	
Other (_____):	_____	_____	
<b>Total Insurance:</b>		_____	_____
Taxes (not deducted from wages)		_____	_____
Child Support		_____	_____
Home Maintenance		_____	_____
Other Monthly Expenses (_____):		_____	_____
<b>TOTAL MONTHLY EXPENSES:</b>		_____	_____

**INCOME**

Prior Budget\*    Current Budget\*

Debtor's Gross Income: \_\_\_\_\_

Spouse's Gross Income: \_\_\_\_\_

Payroll Deductions:            Prior\*    Current\*

    Payroll Taxes:            \_\_\_\_\_    \_\_\_\_\_

    401(k):                    \_\_\_\_\_    \_\_\_\_\_

    Other (\_\_\_\_\_):        \_\_\_\_\_    \_\_\_\_\_

    Total Payroll Deductions: \_\_\_\_\_

Other Regular Income:

    Support/Alimony:        \_\_\_\_\_    \_\_\_\_\_

    Pension/SS/VA:         \_\_\_\_\_    \_\_\_\_\_

    Other (\_\_\_\_\_):        \_\_\_\_\_    \_\_\_\_\_

    Total Other Regular Income: \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \_\_\_\_\_

**SUMMARY:**

**Total Monthly Income (from above):** \_\_\_\_\_

**minus Total Monthly Expenses (from page 1):** \_\_\_\_\_

**equals Monthly Surplus:** \_\_\_\_\_

**Monthly Plan Payment:** \_\_\_\_\_

**Duration of Plan (months):** \_\_\_\_\_

**Dividend to Unsecured Creditors (%):** \_\_\_\_\_

**Secured Creditors Affected:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Explain any increase or decrease in income, expenses, or dividend that exceeds 10%:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Debtor)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Debtor)

\_\_\_\_\_  
(Date)