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CASH FLOW QUESTIONNAIRE

Directions: Please go through your **checking account** and **credit card statements** for the last 3 months to determine your average monthly expense for the following categories.

<u>ITEM</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
HOUSING		
House payment	_____	_____
Rent payment	_____	_____
Lease payment (not mortgage)	_____	_____
Property improvements	_____	_____
Home association dues	_____	_____
Household incidentals (supplies)	_____	_____
Household furnishings	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
FOOD		
Groceries	_____	_____
Dining out	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
CLOTHING		
Clothing	_____	_____
Dry cleaning	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
PERSONAL CARE (hair styling, etc.)		
Other: _____	_____	_____
Subtotal:	_____	_____
AUTOMOBILE		
Monthly payment	_____	_____
Operating expenses (gas, oil, etc.)	_____	_____
Maintenance	_____	_____
Lease payment	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

ITEM

MONTHLY

ANNUAL

PROPERTY TAX

Automobile

House

Boat

Trailer

Other: _____

Subtotal:

UTILITIES

Telephone

Cellular Phone

Water

Electric

Gas

Trash removal

Cable

Other: _____

Other: _____

Subtotal:

ENTERTAINMENT

Books

Newspaper

Movies (theatre, video, plays, etc.)

Club dues (golf, music, etc.)

Other: _____

Other: _____

Subtotal:

PROFESSIONAL EXPENSES

Travel

Vehicle rental

Parking

Lodging

Meals

Entertainment

Other: _____

Other: _____

Subtotal:

ALIMONY (paid)

Subtotal:

CHILD SUPPORT (paid)

Subtotal:

ITEM

MONTHLY

ANNUAL

CHILD CARE

Daycare	_____	_____
Domestic help (babysitter)	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

GIFTS

Birthdays	_____	_____
Christmas	_____	_____
Anniversaries	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

CHARITABLE CONTRIBUTIONS

(Churches, schools, etc.)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

MEDICAL EXPENSES

Doctor visit co-pay	_____	_____
Prescription co-pay	_____	_____
Dental care	_____	_____
Vision care	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

INSURANCE

Health	_____	_____
Automobile	_____	_____
Homeowners	_____	_____
Renters	_____	_____
Life	_____	_____
Umbrella liability	_____	_____
Professional liability	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

VACATIONS

_____	_____
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