

(Exhibit 2)

CURRENT BUDGET

Dated \_\_\_\_\_

MONTHLY TAKE HOME ..... (DEBTOR) ..... (Attach pay stub for one month)\* \$ \_\_\_\_\_  
MONTHLY TAKE HOME .. (JT. DEBTOR / SPOUSE) .. (Attach pay stub for one month) \$ \_\_\_\_\_  
MONTHLY TAKE HOME ..... (OTHER) ..... (Attach pay stub for one month) \$ \_\_\_\_\_  
TOTAL TAKE HOME INCOME ..... \$ \_\_\_\_\_

Rent or home mortgage payment (include lot rent for mobile home) \$ \_\_\_\_\_  
Are real estate taxes included? Yes ( ) No ( ) (If not, give amount) ..... \$ \_\_\_\_\_  
Is property insurance included? Yes ( ) No ( ) (If not, give amount) ..... \$ \_\_\_\_\_

Utilities:

Electricity and heating fuel ..... \$ \_\_\_\_\_/mo  
Water and Sewer ..... \$ \_\_\_\_\_/mo  
Telephone ..... \$ \_\_\_\_\_/mo  
Other ..... \$ \_\_\_\_\_/mo

Home Maintenance (repairs and upkeep) ..... \$ \_\_\_\_\_/mo  
Food - Groceries \$ \_\_\_\_\_ Meals out and school lunches \$ \_\_\_\_\_ \$ \_\_\_\_\_/mo  
Clothing ..... \$ \_\_\_\_\_/mo  
Laundry and dry cleaning ..... \$ \_\_\_\_\_/mo  
Medical and dental expenses (not covered by insurance) ..... \$ \_\_\_\_\_/mo  
Transportation (not including car payments) gasoline and auto maintenance \$ \_\_\_\_\_/mo  
Recreation, clubs and entertainment, newspapers, magazines, etc. .... \$ \_\_\_\_\_/mo  
Charitable contributions ..... \$ \_\_\_\_\_/mo

Insurance (not deducted from wages or included in home mortgage payment) ..... \$ \_\_\_\_\_/mo  
Homeowner's or Renter's ..... \$ \_\_\_\_\_/mo  
Life ..... \$ \_\_\_\_\_/mo  
Health ..... \$ \_\_\_\_\_/mo  
Vehicle ..... \$ \_\_\_\_\_/mo

Installment payments:

Vehicle ..... \$ \_\_\_\_\_/mo  
Other ( ) ..... \$ \_\_\_\_\_/mo  
( ) ..... \$ \_\_\_\_\_/mo  
( ) ..... \$ \_\_\_\_\_/mo

Alimony, maintenance and support paid to others ..... \$\_\_\_\_\_/mo  
 Payments for support of additional dependents not living at home ..... \$\_\_\_\_\_/mo  
 Regular expenses from operation of business, profession or farm ..... \$\_\_\_\_\_/mo  
 (Attach detailed statement)

Other expenses: (must include any direct payments under plan)  
 ( ) ..... \$\_\_\_\_\_/mo  
 ( ) ..... \$\_\_\_\_\_/mo  
 ( ) ..... \$\_\_\_\_\_/mo  
**TOTAL MONTHLY EXPENSES** ..... \$\_\_\_\_\_/mo

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**SUMMARY**

A. Total monthly income:  
 (DEBTOR) \$\_\_\_\_\_ (JT. DEBTOR / SPOUSE) \$\_\_\_\_\_ (OTHER) \$\_\_\_\_\_ \$\_\_\_\_\_/mo  
 B. Total monthly expenses ..... \$\_\_\_\_\_/mo  
 C. Chapter 13 Plan Payment ..... \$\_\_\_\_\_/mo  
 D. Excess Income (A minus B minus C) ..... \$\_\_\_\_\_/mo

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**DECLARATION**

I, \_\_\_\_\_ (please print ) Debtor/Attorney, declare under the penalty of perjury that the information contained in the above budget is true and correct to the best of my knowledge, information, and belief.

Debtor or Attorney signature \_\_\_\_\_ Case Number \_\_\_\_\_

\*If self-employed, attach bank statements for three month or a copy of your income tax return.