

Living Expenses

Monthly

Food & Beverage	\$
Fuel & Power/Gas	\$
Communication (Phone, Internet, Cable TV etc.)	\$
Clothing/Footwear	\$
Medical & Health (incl. Insurance)	\$
Transport (Public)	\$
Recreation	\$
<u>Total</u>	\$

Important: If any amounts in the above fields are \$0 or minimal, please provide commentary for clarification:

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Signed: Date: