

# Financial Statement

**FORM 13** Family Court Rules - RULE 200

Please type or print clearly and mark [X] all boxes that apply. Attach extra pages if you need more space to answer any questions.

Filed in:

- Family Court of Western Australia  
 Other (specify) \_\_\_\_\_

**Filed on behalf of:**

Full name \_\_\_\_\_

MARK [X] IN THE BOX THAT APPLIES TO YOU

- Husband/father  
 Wife/mother  
 Other (specify) \_\_\_\_\_

File number \_\_\_\_\_

Filed at \_\_\_\_\_

Filed on \_\_\_\_\_

Court location \_\_\_\_\_

Next Court date (if known) \_\_\_\_\_

This form is to be used by a party to a financial case, such as property settlement, maintenance, child support or financial enforcement.

## Part A About you

1 What is your family name as used now? Given names?

_____	_____
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What is your residential address?

_____	
_____	_____
State	Postcode

## Affidavit

I swear\*/affirm\* that:

- (a) I have read Rule 199 and I am aware that by law I have an obligation to make a full and frank disclosure of my financial circumstances to the Court and each other party. In particular, I have disclosed in this document or in an affidavit filed by me or on my behalf under Rule 200, all matters I am required to disclose under Rule 199.
- (b) The information in the financial statement and any attachments to it which are within my personal knowledge are true. Where I have given an estimate in this financial statement, it is based on my knowledge and is given in good faith. All other information given in this financial statement and any attachments is true to the best of my knowledge, information and belief.
- (c) I have no income, property or financial resources other than as set out in this document or any affidavit filed by me under Rule 200.

Your signature	Place _____ Date ____/____/____
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Before me (signature of witness)	Full name of witness (please print)
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- Justice of the Peace  
 Notary public  
 Lawyer

This financial statement was prepared by:  
 the applicant  the respondent  
 lawyer

\_\_\_\_\_

PRINT NAME

## Part B Financial summary

**IMPORTANT: As you complete the rest of this form you will be asked to transfer the totals for Items D, G, I-L to this summary**

- 2 A Your total average weekly income. (THIS IS THE FIGURE AT ITEM 16) \$ .....
- B Your total personal expenditure. (THIS IS THE FIGURE AT ITEM 33) \$ .....
- C Total value of property owned by you. (THIS IS THE FIGURE AT ITEM 44) \$ .....
- D Total gross value of your superannuation. (THIS IS THE FIGURE AT ITEM 45) \$ .....
- E Total of your liabilities. (THIS IS THE FIGURE AT ITEM 55) \$ .....
- F Total of your financial resources. (THIS IS THE FIGURE AT ITEM 58) \$ .....

## Part C Your employment details

3 What is your current occupation?

4 Are you employed?

No. Go to Part D

Yes. Give details

full time

permanently

on contract

part time

casually

5 What is the name of your employer?

6 What is the address of your employer?

<input type="text"/>		
STATE	POSTCODE	PHONE

7 How long have you been employed at this place?

YEARS

MONTHS

DAYS

8 Are you self-employed?

No

Yes

STATE THE NAME OF THE BUSINESS/ COMPANY/ PARTNERSHIP/ TRUST

## **INCOME – SPECIFY ALL AMOUNTS AS A WEEKLY FIGURE**

- Specify current weekly income by completing all Items 9-15 that apply to you.
- All income must be recorded as weekly amounts. If you receive any income once a year, divide the yearly amount by 52 to calculate the weekly amount (likewise for quarterly, monthly, fortnightly or other periodic income).
- Include all amounts received even if they are not taxable.
- Include income received for the benefit of other persons, such as child support, board or carer's allowance.
- If you need more space for any item use the extra page at Part O on page 12.

### **Item 9**

Insert a weekly figure for your gross salary or wages from all paid employment. If you are paid monthly multiply by 12 and divide by 52. Your gross salary is what you are paid before any deductions for tax or other payments made on your behalf. Also include any weekly sums paid to you for overtime and loading, commissions, allowances, penalties, bonuses, tips and gratuities.

### **Item 10**

Specify a weekly figure for all interest paid to you by any bank, building society or credit union, any interest paid to you on a mortgage, any dividend on shares or any income from any rental property. In each case give the type of income and who it is paid by.

### **Item 11**

An example of income you would include is drawings. Do not include any amount already specified in Items 9 and 10.

### **Item 12**

Specify any payment to you from any government, including any overseas government.

### **Item 14**

State type of benefit e.g. motor vehicle, telephone, lease or hire purchase payments, superannuation, salary sacrifice.

### **Item 15**

State all other income, such as any board, monies received from trusts/estates, periodic superannuation payments, workers compensation, income protection insurance, termination/redundancy payments. Include any lump sum payments received during the last 12 months, expressed as a weekly figure.

# Part D

## Your income

**NOTE:** GIVE WEEKLY AMOUNTS IN WHOLE DOLLARS. IF THE AMOUNT FOR AN ITEM IS NIL, WRITE 'NIL'. IF YOU CAN ONLY GIVE AN ESTIMATE INSERT THE LETTER 'E' BEFORE THE AMOUNT STATED

### AVERAGE WEEKLY AMOUNT

<b>9</b>	Total salary or wages before tax		\$	<input style="width: 100px; height: 20px;" type="text"/>
<b>10</b>	Investment income (before tax)	INCOME TYPE (eg. rent, interest, dividend)	\$	<input style="width: 100px; height: 20px;" type="text"/>
		PAID BY (bank, mortgagor, company, tenant)		
		INCOME TYPE (eg. rent, interest, dividend)	\$	<input style="width: 100px; height: 20px;" type="text"/>
		PAID BY (bank, mortgagor, company, tenant)		
<b>11</b>	Income from business/ partnership/ company/ trust	NAME OF BUSINESS/ PARTNERSHIP/ COMPANY/ TRUST	\$	<input style="width: 100px; height: 20px;" type="text"/>
		TYPE OF BUSINESS		
		ADDRESS OF BUSINESS/ PARTNERSHIP/ COMPANY/ TRUST		
		State <span style="margin-left: 100px;">Postcode</span>		
<b>12</b>	Government benefits	TYPE OF BENEFIT	\$	<input style="width: 100px; height: 20px;" type="text"/>
		TYPE OF BENEFIT	\$	<input style="width: 100px; height: 20px;" type="text"/>
<b>13</b>	Maintenance/ child support	PAID BY		
		FOR THE BENEFIT OF	<b>\$ REQUIRED TO BE PAID</b>	<b>ACTUALLY RECEIVED</b>
			\$	\$
		PAID BY		
		FOR THE BENEFIT OF	<b>\$ REQUIRED TO BE PAID</b>	<b>ACTUALLY RECEIVED</b>
			\$	\$
<b>14</b>	Benefits from employment/ business	TYPE OF BENEFIT	\$	<input style="width: 100px; height: 20px;" type="text"/>
		TYPE OF BENEFIT	\$	<input style="width: 100px; height: 20px;" type="text"/>
<b>15</b>	Other income	PAID BY	\$	<input style="width: 100px; height: 20px;" type="text"/>
		INCOME TYPE		
<b>16</b>	<b>TOTAL AVERAGE WEEKLY INCOME</b>			\$
	<b>WRITE THE ITEM 16 TOTAL AT ITEM 2A ON PAGE 2 OF THIS FORM</b>			

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**Item 18**

Include in here any of your expenses paid by any other person, other than your employer, for your benefit. For example, rent, motor vehicle or other expenses paid by another person. Do not include these figures in your final income total.

**PERSONAL EXPENDITURE – SPECIFY ALL AMOUNTS AS A WEEKLY FIGURE**

- Specify current weekly expenses by completing all Items 19-32 that apply to you.
- If expenses include amounts for the benefit of other persons, provide the details at Item 34 in Part H.
- Your expenses must be recorded as weekly amounts. If you pay expenses once a year, divide the yearly amount by 52 to calculate the weekly amount (likewise for quarterly, monthly, fortnightly or other periodic expenses).
- If you need more space for any item use the extra page at Part O on page 12.

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**Item 19**

State all income tax deducted by your employer/s. Where you are self-employed, include the PAYG amount.

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**Item 20**

State your contribution to superannuation funds other than contributions made by your employer.

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**Item 21**

These are the mortgage or rent payments on the home in which you live. State name of lender or if rented, to whom the rent is paid.

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**Item 22**

Specify for the home in which you live all compulsory rates and taxes, including water and local government charges, and unit levies that you pay. Unit levies are fixed levies paid by you to a body corporate for the unit in which you live.

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**Item 23**

Specify the mortgage payments made by you on any property other than the home in which you live. State name of lender and property secured by the mortgage.

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**Item 24**

Specify the payments by you on any property other than the home in which you live (eg. for rental property).

## Part E

### Other income earners in your household

Give the name, age and relationship to you and gross income of each other occupant of your household

	AGE	RELATIONSHIP TO YOU	AVERAGE WEEKLY AMOUNT
NAME			\$
NAME			\$
NAME			\$

## Part F

### Expenses paid by others for your benefit

18

PAID BY	TYPE OF EXPENSE	\$
PAID BY	TYPE OF EXPENSE	\$
PAID BY	TYPE OF EXPENSE	\$

## Part G

### Personal expenditure

**NOTE:** GIVE WEEKLY AMOUNTS IN WHOLE DOLLARS. IF THE AMOUNT FOR AN ITEM IS NIL, WRITE 'NIL'. IF YOU CAN ONLY GIVE AN ESTIMATE INSERT THE LETTER 'E' BEFORE THE AMOUNT STATED

**AVERAGE WEEKLY AMOUNT**

19

Total income tax

\$

20

Superannuation

PLAN NAME

\$

21

Mortgage payments/ rent

NAME OF LENDER/LANDLORD

\$

22

Rates, unit levies

\$

23

Other mortgage payments

NAME OF LENDER

ADDRESS OF PROPERTY

\$

24

Other rates, unit levies

\$

25

Life insurance premiums

TYPE OF POLICY

POLICY NO.

NAME OF INSURER

\$

TYPE OF POLICY

POLICY NO.

NAME OF INSURER

\$

## PERSONAL EXPENDITURE - CONTINUED

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### Item 26

This covers all insurance other than life insurance (e.g. health, house, contents, motor vehicle, workers compensation, personal accident/disability and professional negligence).

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### Item 28

Specify the property, including its make (if appropriate) that is the subject of the agreement or lease, and the company or person to whom payment is made.

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### Item 29

State the name of lender and type of loan, such as an overdraft or a personal loan.

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### Item 30

State the card type, minimum payment and the name of the company that issued the card.

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### Item 32

Specify the total of all other expenditure on a weekly basis. This would usually be the total of the items set out in Part N. If the application is for an order for property settlement only you do not need to complete and attach Part N. You only include the total at this item.

# PERSONAL EXPENDITURE - CONTINUED

**AVERAGE WEEKLY AMOUNT**

**26** Other insurance premiums

TYPE OF POLICY	
POLICY NO:	
NAME OF INSURER	
TYPE OF POLICY	
POLICY NO:	
NAME OF INSURER	
TYPE OF POLICY	
POLICY NO:	
NAME OF INSURER	

\$

\$

\$

**27** Motor vehicle registration

REG. NO:	VEHICLE MAKE
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\$

**28** Hire purchase/ lease agreements

DESCRIBE THE PROPERTY
NAME OF COMPANY/ PERSON

\$

**29** Loan repayments

NAME OF LENDER
TYPE OF LOAN

\$

**30** Minimum credit card payments

CARD TYPE	Minimum Payment \$
NAME OF COMPANY	
CARD TYPE	Minimum Payment \$
NAME OF COMPANY	

\$

\$

**31** Maintenance payments/ child support

PAID FOR THE BENEFIT OF	
<input type="checkbox"/> assessment <input type="checkbox"/> agreement <input type="checkbox"/> order	AMOUNT OF ASSESSMENT, AGREEMENT OR ORDER \$

**ACTUAL PAYMENT**  
\$

**32** Total of all other expenditure

\$

**33**

**TOTAL PERSONAL EXPENDITURE**  
**WRITE THIS ITEM 33 TOTAL AT ITEM 2B ON PAGE 2 OF THIS FORM**

\$

## **PROPERTY OWNED BY YOU**

- List all property which you own or in which you have an interest in Australia or overseas
- If you need more space for any item use the extra page at Part O on page 12.

### **Item 35**

State the full names of the registered owners and the current value of the property. If owned with other persons specify the value of your share.

### **Item 36**

Identify the property and state the full names of the other registered owners. If owned with other persons put the value of your share.

### **Item 37**

Specify the current balance of all accounts in your name or from which you can make withdrawals in banks, credit unions, building societies and other financial institutions. Give the name and number of the account, including the BSB, and the name and branch of the bank, credit union, building society or other financial institution where the account is held. If owned with other persons put the value of your share.

### **Item 38**

Specify all shares in public companies, debentures, mortgages, loans, fixed or other deposits and any other investments in your name whether with others or not. Give details of investments and names of co-owners. If owned with other persons put the value of your share.

# Part H

## Personal expenses you pay for the benefit of others

34 State which of the expenses in Part G are paid by you for other persons

NAME OF PERSON
GIVE DETAILS

\$
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NAME OF PERSON
GIVE DETAILS

\$
----

# Part I

## Property owned by you

CURRENT VALUE OF YOUR SHARE

35 Home

FULL NAME OF THE REGISTERED OWNERS
PROPERTY ADDRESS
YOUR % SHARE

\$
----

36 Other real estate

PROPERTY ADDRESS
REGISTERED OWNERS
YOUR % SHARE

\$
----

PROPERTY ADDRESS
REGISTERED OWNERS
YOUR % SHARE

\$
----

37 Funds in banks, building societies, credit unions or other financial institutions

NAME AND BRANCH BSB	
ACCOUNT HOLDER & NUMBER	
CURRENT BALANCE	\$

\$
----

NAME AND BRANCH BSB	
ACCOUNT HOLDER & NUMBER	
CURRENT BALANCE	\$

\$
----

38 Investments

NAME AND TYPE OF INVESTMENT	
FULL NAMES OF ALL OWNERS	
NUMBER OF SHARES HELD	YOUR % SHARE

\$
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## PROPERTY OWNED BY YOU CONTINUED

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### Item 39

State the policy type, number and company concerned of all policies of life insurance on your life or owned by you on the life of another. If owned jointly with another person state your share of the surrender value.

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### Item 40

Give the registration number, make, model and year of manufacture of all vehicles owned by you or in which you have an interest. Include leased vehicles. Put the market value and if owned with other persons put the market value of your share.

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### Item 41

State your best estimate of the gross market value as if the business, partnership or the shares of the proprietary company were to be sold on the open market today. If owned with other person put the value of your share.

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### Item 42

State the total second-hand value of all household contents in your possession.

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### Item 43

Identify all other personal property owned by you or in your possession, such as money owed to you, a boat, jewellery. If owned with other persons put the value of your share.

**PROPERTY OWNED BY YOU - CONTINUED**

**CURRENT VALUE OF YOUR SHARE**

**39** Life Insurance policies

NAME AND TYPE OF INVESTMENT	
FULL NAMES OF ALL OWNERS	
NUMBER OF SHARES HELD	YOUR % SHARE

\$

**40** Motor vehicle

POLICY TYPE	POLICY NO.
NAME OF INSURANCE COMPANY	
FULL NAMES OF ALL OWNERS	YOUR % SHARE

\$

YEAR	MAKE
MODEL	REGISTRATION NO.
FULL NAME OF REGISTERED OWNER/S	YOUR % SHARE

\$

YEAR	MAKE
MODEL	REGISTRATION NO.
FULL NAME OF REGISTERED OWNER/S	YOUR % SHARE

\$

**41** Interest in a business including a business operated by you as a sole trader, in a partnership or through a proprietary company or a trust

NAME OF BUSINESS
ADDRESS OF BUSINESS
YOUR % SHARE

\$

Business type (Mark [X] which applies)

Sole trader     Partnership     Proprietary company / trust

**42** Household contents

\$

**43** Other personal property

SPECIFY
YOUR % SHARE

\$

**44**

**TOTAL VALUE OF PROPERTY OWNED BY YOU  
WRITE THIS ITEM 44 TOTAL AT ITEM 2C ON PAGE 2 OF THIS FORM**

\$

## **SUPERANNUATION**

### **Item 45**

If you are making an application for orders for property settlement and you have a superannuation interest you must attach a completed Superannuation Information Form in relation to that interest to this financial statement. The Superannuation Information Form is available in a Kit from any Registry of the Family Court and from the Court's website. It is a form that you send to the Trustee of your superannuation plan and seeks information which is necessary to enable the type of superannuation interest to be identified, a valuation to be determined of most superannuation interests and to inform the Court of various matters which may affect the order it makes. Depending on the type of orders sought by you a valuation of your superannuation interest must be determined before the order can be made. For example, this is the case if a splitting order is sought in accordance with Section 90XT of the Family Law Act. You should seek legal advice about these matters.

# Part J

# Superannuation

You must attach a completed Superannuation Information Form for each superannuation interest if you are seeking an order for property settlement.

45 Interest in superannuation

GROSS VALUE

NAME OF SUPERANNUATION PLAN 1

\$

TYPE OF INTEREST

- |   |   |
|---|---|
| <input type="checkbox"/> Accumulation interest                  | <input type="checkbox"/> Retirement savings account   |
| <input type="checkbox"/> Partially vested accumulation interest | <input type="checkbox"/> Small superannuation account |
| <input type="checkbox"/> Defined benefit interest               | <input type="checkbox"/> Percentage only interest     |
| <input type="checkbox"/> Self managed fund                      | <input type="checkbox"/> Approved deposit fund        |
| <input type="checkbox"/> Eligible annuity                       |   |

NAME OF SUPERANNUATION PLAN 2

\$

TYPE OF INTEREST

- |   |   |
|---|---|
| <input type="checkbox"/> Accumulation interest                  | <input type="checkbox"/> Retirement savings account   |
| <input type="checkbox"/> Partially vested accumulation interest | <input type="checkbox"/> Small superannuation account |
| <input type="checkbox"/> Defined benefit interest               | <input type="checkbox"/> Percentage only interest     |
| <input type="checkbox"/> Self managed fund                      | <input type="checkbox"/> Approved deposit fund        |
| <input type="checkbox"/> Eligible annuity                       |   |

NAME OF SUPERANNUATION PLAN 3

\$

TYPE OF INTEREST

- |   |   |
|---|---|
| <input type="checkbox"/> Accumulation interest                  | <input type="checkbox"/> Retirement savings account   |
| <input type="checkbox"/> Partially vested accumulation interest | <input type="checkbox"/> Small superannuation account |
| <input type="checkbox"/> Defined benefit interest               | <input type="checkbox"/> Percentage only interest     |
| <input type="checkbox"/> Self managed fund                      | <input type="checkbox"/> Approved deposit fund        |
| <input type="checkbox"/> Eligible annuity                       |   |

**TOTAL GROSS VALUE OF YOUR SUPERANNUATION**  
**WRITE THIS ITEM 45 TOTAL AT ITEM 2D ON PAGE 2 OF THIS FORM**

\$

## **YOUR LIABILITIES**

- Where a liability is joint specify your percentage share and the amount. For example, if the total debt is \$100,000 and you are one of two people who owe the debt equally, then your percentage share of the debt is 50% and the amount is \$50,000.
- If you need more space for any item use the extra page at Part O on page 12.

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### **Item 48**

State the total income tax assessed and still owing, including penalties, and when payable. Do not include amounts automatically deducted from your income by your employer.

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### **Item 49**

State the total income tax assessed and still owing, including penalties, from previous financial years.

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### **Item 51**

Specify the card provider and type of all accounts for which you are liable (for example, Westpac Visa, Coles-Myer store card, American Express) and the amount owing by you now.

---

### **Item 52**

Specify the amount required to pay this debt in full immediately, that is, the payout figure.

# Part K Your liabilities

AMOUNT OF YOUR SHARE

46 Home mortgage/s

FULL NAMES OF ALL BORROWERS
YOUR % SHARE

\$

AMOUNT OF YOUR SHARE

47 Other mortgages

FULL NAMES OF ALL BORROWERS
YOUR % SHARE

\$

48 Total income tax assessed and unpaid for the last financial year. Date due: / /

\$

49 Total income tax assessed and unpaid in previous financial years

\$

AMOUNT OF YOUR SHARE

50 Loans

NAME OF LENDER

\$

TYPE OF LOAN

Overdraft                       other (specify) \_\_\_\_\_  
 personal loan

FULL NAMES OF ALL BORROWERS
YOUR % SHARE

51 Credit/charge cards

SPECIFY CARD PROVIDER AND TYPE

\$

SPECIFY CARD PROVIDER AND TYPE

\$

AMOUNT OF YOUR SHARE

52 Hire purchase/lease

NAME OF LENDER

\$

Date of final payment / /

FULL NAMES OF ALL PERSONS NAMED IN AGREEMENT
YOUR % SHARE

AMOUNT OF YOUR SHARE

NAME OF LENDER

\$

Date of final payment / /

FULL NAMES OF ALL PERSONS NAMED IN AGREEMENT
YOUR % SHARE

## **YOUR LIABILITIES CONTINUED**

### **Item 53**

Specify any other personal liability such as any HECS debt, any outstanding legal fees or any taxation other than income tax.

### **Item 54**

Specify any liabilities that you have arising from an interest you have in a business, either as a sole trader or as a partner (for example, trade creditors). If you are unsure, consult your accountant.

## **FINANCIAL RESOURCES**

- Financial Resources is not defined in the Family Law Act. It is a general term and is interpreted widely by the Court. If you are unsure about what you need to disclose in this section you should obtain legal advice.
- If you need more space go to Part O on page 12.

### **Item 57**

Specify any other financial resources. For example, if you have an expectation to receive money from a claim, such as a personal injury claim.

### **Item 59**

Read Rules 199(2)(g), 199(2)(h) and 199(3), which are printed on page B of this kit, before completing this item.

**YOUR LIABILITIES - CONTINUED**

<b>53</b> Other personal liabilities	SPECIFY	<b>AMOUNT OF YOUR SHARE</b> \$
	FULL NAME OF ANY OTHER LIABLE PERSON	

FULL NAME OF ANY OTHER LIABLE PERSON
YOUR % SHARE

<b>54</b> Other personal business liabilities	SPECIFY	<b>AMOUNT OF YOUR SHARE</b> \$
	FULL NAME OF ANY OTHER LIABLE PERSON	

FULL NAME OF ANY OTHER LIABLE PERSON
YOUR % SHARE

<b>55</b>	<b>TOTAL LIABILITIES</b>	<b>AMOUNT OF YOUR SHARE</b> \$
<b>WRITE THIS ITEM 55 TOTAL AT ITEM 2E ON PAGE 2 OF THIS FORM</b>		

**Part L Financial resources**

<b>56</b> Interest in any trust or deceased estate	SPECIFY	\$

<b>57</b> Other financial resources	SPECIFY	\$

<b>58</b>	<b>TOTAL FINANCIAL RESOURCES</b>	\$
<b>WRITE THIS ITEM 58 TOTAL AT ITEM 2F ON PAGE 2 OF THIS FORM</b>		

**Part M About disposal of property**

	Item	How disposed of	Value/ amount received
<b>59</b> Specify property falling within Rule 199 disposed of by you or on your behalf in the 12 months before separation and since your separation			

**ORDERS FOR MAINTENANCE, CHILD SUPPORT, FINANCIAL ENFORCEMENT**

- All expenses must be recorded as weekly amounts. If you have expenses that you pay once a year divide the yearly amount by 52 to calculate the weekly amount (likewise for quarterly, monthly, fortnightly or other periodic income)
- In completing Part N do not repeat any of the items already listed in Items 19-31 in Part G on pages 4 and 5

**Item 60**

Specify how much of the total weekly costs for each item are for you, your children and any other adults.

Complete and attach this page only if the application is for orders for maintenance for yourself, the other party or your children or child support or financial enforcement

**60** Average weekly expenses

**NOTE:** GIVE WEEKLY AMOUNTS IN WHOLE DOLLARS. IF THE AMOUNT FOR AN ITEM IS NIL, WRITE 'NIL'. IF YOU CAN ONLY GIVE AN ESTIMATE INSERT THE LETTER 'E' BEFORE THE AMOUNT STATED

ITEM	TOTAL	FOR YOU	FOR CHILDREN (IF APPLICABLE)	OTHER ADULTS (IF APPLICABLE)
Food	\$	\$	\$	\$
Household supplies	\$	\$	\$	\$
House repairs	\$	\$	\$	\$
Gas	\$	\$	\$	\$
Electricity	\$	\$	\$	\$
Heating fuel	\$	\$	\$	\$
Telephone	\$	\$	\$	\$
Motor vehicle				
petrol	\$	\$	\$	\$
maintenance	\$	\$	\$	\$
Fares/ car parking	\$	\$	\$	\$
Clothing and shoes	\$	\$	\$	\$
Children's activities	\$	\$	\$	\$
Child minding	\$	\$	\$	\$
Medical, dental and optical (not including health insurance premiums)	\$	\$	\$	\$
Entertainment/ hobbies	\$	\$	\$	\$
Holidays	\$	\$	\$	\$
Education expenses, including fees and levies	\$	\$	\$	\$
Chemist/ pharmaceutical	\$	\$	\$	\$
Gardening/ lawnmowing	\$	\$	\$	\$
Cleaning (house/ pool)	\$	\$	\$	\$
Repairs – furnishings and appliances	\$	\$	\$	\$
Dry cleaning	\$	\$	\$	\$
Books and magazines	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Hairdressing, toiletries	\$	\$	\$	\$
Other necessary commitments (specify)	\$	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

