

AVERAGE WEEKLY EXPENSES

NOTE: GIVE WEEKLY AMOUNTS IN WHOLE DOLLARS. IF THE AMOUNT FOR AN ITEM IS NIL, WRITE ' ONLYNIL'. IF YOU CAN 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	\$	\$	\$	\$
Internet	\$	\$	\$	\$
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/ lawn mowing	\$	\$	\$	\$
Cleaning (house/ pool)	\$	\$	\$	\$
Repairs – furnishings and appliances	\$	\$	\$	\$
Dry cleaning	\$	\$	\$	\$
Books and magazines	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Hairdressing, toiletries	\$	\$	\$	\$
Other necessary commitments (specify)				
TOTAL	\$	\$	\$	\$