

(Exhibit 2)

CURRENT BUDGET Dated _____

MONTHLY TAKE HOME..... (HUSBAND)..... (Attach pay stub for one month)* \$ _____
MONTHLY TAKE HOME..... (WIFE)..... (Attach recent pay stub) \$ _____
MONTHLY TAKE HOME..... (OTHER)..... (Attach written documentation) \$ _____
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 & 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 & 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

SUMMARY

A. Total monthly income: (H)\$ _____ (W)\$ _____ (O)\$ _____ \$ _____/MO
B. Total monthly expenses..... \$ _____/MO
C. Chapter 13 Plan Payment..... \$ _____/MO
D. Excess Income (A minus B minus C)..... \$ _____/MO

DECLARATION

I, _____ (please print) Debtor/Attorney, declare under penalty of perjury that the information contained in the above current 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.