Attorney or Party Name, Address, Telephone & FAX Email Address	Nos., State Bar No. &	FOR COURT USE ON	ILY		
☐ Individual appearing without attorney ☐ Attorney for:					
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA DIVISION					
In re:		CASE NO.:			
		CHAPTER 13			
		D	FOL ADATION OF		
			ECLARATION OF RENT/POSTPETITION		
		INCO	ME AND EXPENSES		
	Debtor(s).				
Complete this statement by providing the monthly income of the Debtor and the Debtor's spouse at this time . The column labeled "Spouse" must be completed in all cases filed by joint Debtors and by every married debtor, whether or not a joint petition was filed, unless the spouses are separated and a joint petition was not filed. Do not state the name of any minor child.					
Debtor's Marital		DEPENDENTS OF DEBTOR AND SPOUSE			
Status:	RELATIONSHIP(S)		AGE(S)		

This form is optional. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

DEBTOR

SPOUSE

Employment:

Name of employer
How long employed
Address of employer

Occupation

INCOME:		DEBTOR	SPOUSE		
1.	Monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$	\$		
2.	Estimate monthly overtime	\$	\$		
3.	SUBTOTAL	\$	\$		
4.	LESS PAYROLL DEDUCTIONS				
	a. Payroll taxes and social security	\$	\$		
	b. Insurance	\$	\$		
	c. Union dues	\$	\$		
	d. Other (specify)	\$	\$		
5.	SUBTOTAL OF PAYROLL DEDUCTIONS	\$	\$		
6.	TOTAL NET MONTHLY TAKE HOME PAY	\$	\$		
7.	Regular income from operations of business or profession or farm (attach detailed statement)	\$	\$		
8.	Income from real property	\$	\$		
9.	Interest and dividends	\$	\$		
10.	Alimony, maintenance or support payments payable to the Debtor for the Debtor's use or that of dependents listed above.	\$	\$		
11.	Social Security or other government assistance (specify)	\$	\$		
12.	Pension or retirement income	\$	\$		
13.	Other monthly income (specify)	\$	\$		
14.	SUBTOTAL OF LINES 7 THROUGH 13	\$	\$		
15.	MONTHLY INCOME: (add amounts shown on lines 6 and 14)	\$	\$		
16.	COMBINED MONTHLY INCOME (combine column totals from line 15)	\$			
17.	Describe any increase or decrease in income reasonably anticipated to occur within the document:	e year following the filir	ng of this		
EXPENSES:					
Complete this statement by providing the monthly expenses of the debtor and the debtor's family at this time . Recalculate and state any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.					
	Check this box if this is a joint case and debtor's spouse maintains a separate household. Complete a <i>Declaration of current/Post-Petition Expenses</i> labeled "Spouse."				
1.	Rent or home mortgage payment (include lot rented for mobile home)		\$		
	a. Are real estate taxes included? Yes No b. Is property insurance included? Yes No				

c. Telephone d. Other	2.	Utilities: a	Electricity and heating fuel	\$
d. Other		b.	Water and sewer	\$
3. Home maintenance (repairs and upkeep) 4. Food 5. Clothing 6. Laundry and dry cleaning 7. Medical and dental expenses 8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (specify) 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 5. Other 5. Other 6. Other 7. Segular expenses from operation of business, profession, or farm (attach detailed statement) 5. Payments for support of additional dependents not living at your home 5. Segular expenses from operation of business, profession, or farm (attach detailed statement) 5. Segular expenses from operation of business, profession, or farm (attach detailed statement) 5. Segular expenses from operation of business, profession, or farm (attach detailed statement) 5. Segular expenses from operation of business, profession, or farm (attach detailed statement) 5. Segular expenses from operation of business, profession, or farm (attach detailed statement) 6. Segular expenses from operation of business, profession, or farm (attach detailed statement)		C.	Telephone	\$
4. Food 5. Clothing 6. Laundry and dry cleaning 7. Medical and dental expenses 8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (specify) 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 5. 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$		d.	Other	\$
5. Clothing 6. Laundry and dry cleaning 7. Medical and dental expenses 8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (specify) 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	3.	Home maintena	ance (repairs and upkeep)	\$
6. Laundry and dry cleaning 7. Medical and dental expenses 8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (specify) 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	4.	Food		\$
7. Medical and dental expenses \$	5.	Clothing		\$
8. Transportation (not including car payments) 9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (specify) 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	6.	Laundry and dr	y cleaning	\$
9. Recreation, clubs and entertainment, newspapers, magazines, etc. 10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (specify) \$ 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	7.	Medical and de	ntal expenses	\$
10. Charitable contributions 11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (specify) \$ 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	8.	Transportation	(not including car payments)	\$
11. Insurance (not deducted from wages or included in home mortgage payments) a. Homeowner's or renter's b. Life c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (specify) 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	9.	Recreation, clu	os and entertainment, newspapers, magazines, etc.	\$
a. Homeowner's or renter's b. Life c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (specify) 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$\frac{1}{2} \frac{1}{2} \	10.	Charitable cont	ributions	\$
b. Life c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (specify) \$ 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 5 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ S	11.	Insurance (not	deducted from wages or included in home mortgage payments)	
c. Health d. Auto e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) (specify) 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$		a.	Homeowner's or renter's	\$
d. Auto e. Other		b.	Life	\$
e. Other\$ 12. Taxes (not deducted from wages or included in home mortgage payments) (specify)\$ 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other\$ c. Other\$ 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$		C.	Health	\$
12. Taxes (not deducted from wages or included in home mortgage payments) (specify) 13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$				\$
(specify)		e.	Other	\$
13. Installment payments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan) a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$	12. Taxes (not deducted from wages or included in home mortgage payments)			
a. Auto b. Other c. Other 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$		(specify)		\$
b. Other\$ c. Other\$ 14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$	13.	Installment pay	ments: (in chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
c. Other\$		a.	Auto	\$
14. Alimony, maintenance, and support paid to others 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$		b.	Other	\$
 15. Payments for support of additional dependents not living at your home 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$		C.	Other	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$	14.	Alimony, mainte	enance, and support paid to others	\$
	15.	15. Payments for support of additional dependents not living at your home		
	16.	Regular expens	es from operation of business, profession, or farm (attach detailed statement)	\$
17. Other \$	17.	Other		\$
18. MONTHLY EXPENSES (total lines 1-17) \$	18.	MONTHLY EXF	PENSES (total lines 1-17)	\$

	Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:					
20.	STATEMENT OF MONTHLY NET INCOME					
	a. Total monthly income from line 16, page 2.	\$				
	b. Total monthly expenses from Line 18 above	\$				
	c. Monthly net income (a. minus b.)	\$				
I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.						
Dat	e:					
Dat						
	Joint Debtor					

PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:

A true and correct copy of the foregoing document entitled: DECLARATION OF CURRENT/POSTPETITION INCOME AND EXPENSES will be served or was served (a) on the judge in chambers in the form and manner required by LBR 5005-2(d); and **(b)** in the manner stated below: 1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF): Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (date) , I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below: Service information continued on attached page 2. SERVED BY UNITED STATES MAIL: _____, I served the following persons and/or entities at the last known addresses in this bankruptcv case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the iudge will be completed no later than 24 hours after the document is filed. ☐ Service information continued on attached page 3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL (state method for each person or entity served): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (date) _ , I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed. Service information continued on attached page I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct. Date Printed Name Signature

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