

BUDGET WORKSHEET

Name:		
Occupation:		
Spouse's Occupation:		
Number of Children:		
INCOME		
Monthly Net		
Spouse's Monthly Net		
Total		
Credit Score 700	+ or -	New Score
List table here		
List table here		
List table here		
List table here		
WHEEL OF REALITY		
Unexpected Expense	-	
Unexpected Income	+	
Total		
Notes:		
1) Visit every table.		
2) Total expenses for each section.		
3) Carry each total to back page final balance.		
4) Meet with financial advisor to review your budget.		

ADDITIONAL CASH	
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LOANS	
Student Loans	
Credit Cards	
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIFE	
<i>(If child is under 1-year, must do 1-3)</i>	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
<i>(*private mortgage insurance)</i> Total	
DAILY LIVING	
<i>(If child is under 1-year, do not include in family size.)</i>	
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Total	

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AUTOMOTIVE		COMMUNICATIONS		FINAL BALANCE	
Vehicle(s):		Communications Option:		<i>List totals from each category below</i>	
Monthly Payment (Car 1)		Cell Service		Income +	
Monthly Payment (Car 2)		Internet		Additional Cash +	
Car Insurance (Car 1 &/or Car 2)		Cable TV		Income Subtotal	
Gas		Streaming Services		Savings -	
Other Transportation		Bundle Discount	-	Debts and Loans -	
Repairs				Family Life -	
Total				Home -	
HEALTH		ENTERTAINMENT/HOBBIES		Daily Living -	
Premium (Single or Family)		1.		Transportation -	
Deductible (can be divided by 12)		2.		Health -	
Coverage (can be divided by 12)		3.		Communications -	
Co-Pay				Entertainment/Hobbies -	
Prescriptions				Expenses Subtotal	
Vitamins				Wheel of Reality + or -	
No Insurance				Total	
Total				Under Budget +	
Notes:				Over Budget -	