Occupation: Accountant			
Spouse's Occupation: Hairstylist			
Number of Children: 2-Mark (11 months old) & Sarah (3 years old)			
IN	ICOME		
Monthly Net			\$3,611
Spouse's Monthly	Net		\$2,026
Total \$5,637			\$5,637
Credit Score 700	+ or -		New Score
List table here			
WHEEL OF REALITY			
Unexpected Expens	se -		
Unexpected Income	è +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$175
Credit Cards	\$185
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
	Έ
(If child is under 1-year, must do 1-3)	Έ
(If child is under 1-year, must do 1-3) Groceries (Select 1)	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	`Е
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	`Е
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	`Е

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

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Name:			
Occupation: Actor/Actress			
Spouse's Occupatio	^{n:} Artist		
Number of Children	. None		
IN	ICOME	1	
Monthly Net			\$3,787
Spouse's Monthly	Net		\$3,237
	Tot	al	\$7,024
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	EA	LITY
Unexpected Expens	Unexpected Expense -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$600
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	E
FAMILY LIF (If child is under 1-year, must do 1-3)	E
	E
(If child is under 1-year, must do 1-3)	E
(If child is under 1-year, must do 1-3) Groceries (Select 1)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	
<pre>(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)</pre>	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	

H	OME	
Home Option:		
Payment (Principal/Inte	erest)	
Taxes, Insurance & P	MI*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	١G
(If child is under 1-year, do no	t include in f	ămily size.)
Dining Out (Select 1)		
Incidentals (1 or More))	
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)	
Personal Care (1 or Mo	ore)	
	Total	

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Name:			
Occupation: Admi	Occupation: Administrative Assistant		
Spouse's Occupatio	^{n:} Plumber		
Number of Children	: 1- Cooper	(1 year old)	
IN	ICOME		
Monthly Net		\$2,874	
Spouse's Monthly	Net	\$4,053	
Total \$6,927			
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	L OF REA	LITY	
Unexpected Expense -			
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			
your ouaget.			

ADDITIONAL CASH		
Part-time Job		
Personal Loan (Full Amount)		
Total		
DEBTS AND LO	DANS	
Student Loans	\$85	
Credit Cards	\$210	
Personal Loan (Monthly Amount)		
Total		
SAVINGS		
Savings (Emergency Fund)		
Retirement/Investments		
(Compound Interest)		
Total		
FAMILY LIF	Έ	
(If child is under 1-year, must do 1-3)		
Groceries (Select 1)		
1. Formula or Nursing		
2. Diapers		
3. Baby Wipes		
Childcare		
Additional Accessories		
Pets (Optional)		
Church (Optional)		
Charity (Optional)		
Total		
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tot	
DAILY LIV	ING
(If child is under 1-year, do not include	in family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Tot	al

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE		
List totals from each cat	List totals from each category below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Occupation: Air Force NCO				
Spouse's Occupation	Spouse's Occupation: Recreational Therapist			
Number of Children	: 1- Brian (2 years)	
IN	JCOME			
Monthly Net		5	\$2,874	
Spouse's Monthly	Net	\$	\$3,612	
	Tot	al	\$5,292	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	WHEEL OF REALITY			
Unexpected Expens	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$250
Credit Cards	\$95
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
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	
Housing Reimbursement	- \$1,500
(*private mortgage insurance) Total	
DAILY LIVIN	٧G
(If child is under 1-year, do not include in f	amily size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	Skip
Coverage (can be divided by 12)	Table
Co-Pay	-
Prescriptions	You
Vitamins	Have
No Insurance	100%
	Medical
Total	Coverage
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALANCE	
List totals from each category below	
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Number of Children			h (3 years (1 year old)
IN	JCOME	1	
Monthly Net			\$2,818
Spouse's Monthly I	Net		\$2,638
	Tot	al	\$5,457
Credit Score 700	+ or -		New Score
List table here			
WHEEL OF REALITY			
Unexpected Expens	e -		
Unexpected Income	: +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to	o back page	e fii	nal balance.
4) Meet with financia your budget.	al advisor t	o r	eview

ADDITIONAL C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$275
Credit Cards	\$100
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	

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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
Housing Reimbursement	- \$1,500
(*private mortgage insurance) Total	
DAILY LIVIN	NG
(If child is under 1-year, do not include in f	amily size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	

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Name:

Occupation: Air Force Officer

Spouse's Occupation: Secretary

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	Skip
Coverage (can be divided by 12)	Table
Co-Pay	-
Prescriptions	You
Vitamins	Have
No Insurance	100%
	Medical
Total	Coverage
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALANCE	
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Spouse's Occupation: Massage Therapist				
Number of Children	Number of Children: None			
IN	JCOME			
Monthly Net			\$5,115	
Spouse's Monthly	Net		\$3,369	
	Tot	al	\$8,484	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	OF RE	EA	LITY	
Unexpected Expens	e -			
Unexpected Income	e +			
	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.				

Occupation: Aircraft Mechanic

ADDITIONAL CASH		
Part-time Job		
Personal Loan (Full Amount)		
Total		
DEBTS AND LO	DANS	
Student Loans	\$160	
Credit Cards	\$260	
Personal Loan (Monthly Amount)		
Total		
SAVINGS		
Savings (Emergency Fund)		
Retirement/Investments		
(Compound Interest)		
Total		
FAMILY LIF	Έ	
(If child is under 1-year, must do 1-3)		
Groceries (Select 1)		
1. Formula or Nursing		
2. Diapers		
3. Baby Wipes		
Childcare		
Additional Accessories		
Additional Accessories Pets (Optional)		
Pets (Optional)		
Pets (Optional) Church (Optional) Charity (Optional)		
Pets (Optional) Church (Optional)		

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

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Animal Caretaker			
Spouse's Occupation: Electrician			
Number of Children	: 1- Aubre	ey (1 year old)
IN	JCOME		
Monthly Net			\$2,658
Spouse's Monthly	Net		\$3,072
	Tot	al	\$5,730
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$270
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Iotai	
FAMILY LIF	'E
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	`Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ъ

НО	ME		
Home Option:			
Payment (Principal/Inter	est)		
Taxes, Insurance & PM	II*		
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY	LIVIN	JG	
(If child is under 1-year, do not	include in f	amily size.)	
Dining Out (Select 1)			
Incidentals (1 or More)			
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More)			
Personal Care (1 or Mor	e)		
	Total		

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Animal Control Officer			
Spouse's Occupation: Heavy Equipment			
Number of Children	(5 montl	hs	
IN	ICOME		
Monthly Net			\$3,158
Spouse's Monthly	Net		\$3,874
		_	
	Tot	al	\$7,032
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	A	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$540
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tota	L
DAILY LIVE	NG
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Tota	l

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Architect			
Spouse's Occupatio	^{n:} Mecha	ni	С
Number of Children: 1- Hayden (5 months old)			
IN	JCOME		
Monthly Net			\$4,284
Spouse's Monthly	Net		\$3,777
Total \$8,061			
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	A	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$400
Credit Cards	\$460
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
IUldi	
FAMILY LIF	`E
	È
FAMILY LIF	'E
FAMILY LIF (If child is under 1-year, must do 1-3)	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcare	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ъ

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Name:			
Occupation: Army			
Spouse's Occupatio	^{n:} Cosmeto	logist	
Number of Children	2- Hayden (5 & Brooklyn (3		
IN	ICOME		
Monthly Net		\$1,680	
Spouse's Monthly	Net	\$2,662	
	Total \$4,342		
Credit Score 700	+ or -	New Score	
List table here			
List table here			
List table here			
	List table here		
WHEEI	L OF REA	LITY	
Unexpected Expens	se -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$270
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È.
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ъ

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
Housing Reimbursement	- \$1,500
(*private mortgage insurance) Tota	L
DAILY LIVE	NG
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
	-1
Tota	L

AUTOMOTIVE

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	Skip
Coverage (can be divided by 12)	Table
Co-Pay	-
Prescriptions	You
Vitamins	Have
No Insurance	100%
	Medical
Total	Coverage
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALANCE List totals from each category below Income + Additional Cash + **Income Subtotal** Savings -Debts and Loans -Family Life -Home -Daily Living -Transportation -Health -Communications -Entertainment/Hobbies -

Wheel of Reality + or Total
Under Budget +
Over Budget -

Expenses Subtotal



Name:			
Occupation: Artist			
Spouse's Occupation: Actor/Actress			
Number of Children: None			
IN	JCOME		
Monthly Net			\$3,237
Spouse's Monthly	Net		\$3,787
Total \$7,024			
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	ΞA	LITY
Unexpected Expens	e -		
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$600
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
	Έ
(If child is under 1-year, must do 1-3)	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1)	`Е
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	E

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Audit			
Spouse's Occupation	^{n:} Cashi	er	
Number of Children	 3- Jenna (4 Bryson (2 y & Jaxson (2 	ears	old)
IN	ICOME	1	
Monthly Net			\$5,466
Spouse's Monthly I	Net		\$1,969
Total \$7,435			\$7,435
Credit Score 700	+ or -		New Scor
List table here			
WHEEL	OF RI	EA	LITY
Unexpected Expens	e -		
Unexpected Income	+		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to			
4) Meet with financia your budget.	al advisor t	o re	eview

ADDITIONAL C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$280
Credit Cards	\$130
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Т <mark>Е</mark>
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
	E
(If child is under 1-year, must do 1-3)	E
(If child is under 1-year, must do 1-3) Groceries (Select 1)	E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare 	
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories 	
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) 	
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) 	
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) 	

HO	ME		
Home Option:			
Payment (Principal/Intere	est)		
Taxes, Insurance & PM	I*		
Rent			
Renter's Insurance	Ì		
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY I	LIVIN	Í G	
(If child is under 1-year, do not i	nclude in fa	mily size.)	
Dining Out (Select 1)			
Incidentals (1 or More)			
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More)			
Personal Care (1 or More	e)		
	Total		

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:					
Occupation: Bakery Clerk					
Spouse's Occupatio	Spouse's Occupation: Janitor				
Number of Children	[:] None				
IN	JCOME				
Monthly Net			\$2,253		
Spouse's Monthly	Net		\$2,193		
	Tot	al	\$4,446		
Credit Score 700	+ or -		New Score		
List table here					
List table here					
List table here					
List table here					
WHEEI	OF RE	A	LITY		
Unexpected Expens	e -				
Unexpected Income	e +				
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$185
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
GetREALFRE	7 🔘

НО	ME		
Home Option:			
Payment (Principal/Inter	est)		
Taxes, Insurance & PM	II*		
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY	LIVIN	JG	
(If child is under 1-year, do not	include in f	amily size.)	
Dining Out (Select 1)			
Incidentals (1 or More)			
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More)			
Personal Care (1 or Mor	e)		
	Total		

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Bartender			
Spouse's Occupatio	^{n:} Floral De	esigner	
Number of Children	: 1- Elizabetl (1 year old)		
IN	ICOME		
Monthly Net		\$1,958	
Spouse's Monthly	Net	\$2,545	
Total		\$4,503	
Credit Score 700	+ or -	New Score	
List table here			
WHEEL OF REALITY			
Unexpected Expens	se -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$160
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	E
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
f GetREALFRE	

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Biologist			
Spouse's Occupation: Zoo Keeper			
Number of Children: 2- Michael (8 months old) & Lily (2 years old)			
IN	ICOME		
Monthly Net		\$4,940	
Spouse's Monthly	Net	\$2,896	
	Tota	1 \$7,835	
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	L OF REA	ALITY	
Unexpected Expens	e -		
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$325
Credit Cards	\$120
Personal Loan (Monthly Amount)	
Total	
SAVINGS)
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
IUldi	
FAMILY LIF	Ъ.
	È
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	Ъ

HO	ME		
Home Option:			
Payment (Principal/Intere	est)		
Taxes, Insurance & PM	I*		
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY I	IVIN	IG	
(If child is under 1-year, do not in	nclude in fa	amily size.)	
Dining Out (Select 1)			
Incidentals (1 or More)			
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More)			
Personal Care (1 or More)		
	Total		

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:					
Occupation: Biom	Occupation: Biomedical Engineer				
Spouse's Occupatio	n: N/A				
Number of Children	: 1- Camil (2 years	-	d)		
IN	ICOME				
Monthly Net			\$3,885		
Spouse's Monthly	Net		N/A		
	Tota	al	\$3,885		
Credit Score 700	+ or -		New Score		
List table here					
List table here					
List table here					
List table here					
WHEEI	OF RE	A	LITY		
Unexpected Expens	e -				
Unexpected Income	e +				
	Total				
		_			
Notes:					
1) Visit every table.					
2) Total expenses for each section.					
3) Carry each total to back page final balance.					
 Meet with financial advisor to review your budget. 					

ADDITIONAL C	CASH	
Part-time Job		
Personal Loan (Full Amount)		
Total		
DEBTS AND LO	DANS	
Student Loans	\$200	
Credit Cards	\$100	
Personal Loan (Monthly Amount)		
Total		
SAVINGS)	
Savings (Emergency Fund)		
Retirement/Investments		
(Compound Interest)		
Total		
FAMILY LIF	Έ	
(If child is under 1-year, must do 1-3)		
Groceries (Select 1)		
1. Formula or Nursing		
2. Diapers		
3. Baby Wipes		
Childcare		
Additional Accessories		
Pets (Optional)		
Church (Optional)		
Charity (Optional)		
Total		
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HO	ME		
Home Option:			
Payment (Principal/Inter	rest)		
Taxes, Insurance & PM	/II*		
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY	LIVIN	١G	
(If child is under 1-year, do not	include in f	amily size.)	
Dining Out (Select 1)			
Incidentals (1 or More)			
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More)			
Personal Care (1 or Mon	re)		
	Total		

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:				
Occupation: Business Manager				
Spouse's Occupatio	^{n:} Morti	cia	n	
Number of Children			y (3 years old) months old)	
IN	JCOME			
Monthly Net			\$6,742	
Spouse's Monthly	Net		\$3,195	
	Tot	al	\$9,938	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	L OF RE	EA	LITY	
Unexpected Expens	e -			
Unexpected Income	e +			
	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.				
your budget.				

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$475
Credit Cards	\$300
Personal Loan (Monthly Amount)	
Total	
SAVINGS	}
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
IOLAI	
FAMILY LIF	'E
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcare	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
//////////////////////////////////////	
(*private mortgage insurance) Total	
DAILY LIVI	
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clathing (2.1)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Car Salesperson			
Spouse's Occupation: Vet Assistant			
Number of Children	Number of Children: 1- Tessa (3 years old)		
IN	ICOME		
Monthly Net		\$3,598	
Spouse's Monthly	Net	\$2,438	
	Total	\$6,035	
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	WHEEL OF REALITY		
Unexpected Expens	se -		
Unexpected Income	e +		
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$360
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	'E
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	`Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	`Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ъ

HOME	2
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) To	tal
DAILY LIV	/ING
(If child is under 1-year, do not includ	e in family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
To	tal

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Carpenter			
Spouse's Occupation: N/A			
Number of Children: None			
IN	ICOME		
Monthly Net			\$3,797
Spouse's Monthly	Net		N/A
	Total \$3,797		
Credit Score 700	+ or -		New Score
List table here			
WHEEL OF REALITY			
Unexpected Expens	se -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$180
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Iotai	
	'E
(If child is under 1-year, must do 1-3)	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È.
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	`Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	'Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	'Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	Ъ

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

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Cashier		
Spouse's Occupation: Auditor		
 Bryson (2 ye 	ars	old)
NCOME		
		\$1,969
Net		\$5,466
Tota	al	\$7,435
+ or -		New Score
L OF RE	A	LITY
se -		
e +		
Total		
	_	
Notes: 1) Visit every table.		
3) Carry each total to back page final balance.		
 Meet with financial advisor to review your budget. 		
	n: Audito n: 3- Jenna (4 y Bryson (2 ye & Jaxson (2 r Net Net Total L OF RE se - e + Total r each section o back page	n: Auditor a: 3- Jenna (4 year Bryson (2 years & Jaxson (2 mor Net Net Total + or - L OF REA se - e + Total r each section. o back page fir

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$280
Credit Cards	\$130
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Ē
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOM	1 E
Home Option:	
Payment (Principal/Interes	t)
Taxes, Insurance & PMI ³	*
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
	Total
DAILY L	IVING
(If child is under 1-year, do not inc	lude in family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Т	Total

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Chef	(Sous)		
Spouse's Occupation: Drilling Engineer			
Number of Children	: 2- Josiah () & Jacob (3		
IN	JCOME		
Monthly Net			\$3,104
Spouse's Monthly	Net		\$5,721
	Tot	al	\$8,825
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	A	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for		_	
3) Carry each total to	o back page	e fir	nal balance.
4) Meet with financiation your budget.	al advisor to	o re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$340
Credit Cards	\$480
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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H	OME	
Home Option:		
Payment (Principal/Inte	erest)	
Taxes, Insurance & P	MI*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	JG
(If child is under 1-year, do no	t include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More))	
Personal Care (1 or Mo	ore)	
	Total	



Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Comedian			
Spouse's Occupation: N/A			
Number of Children	[:] None		
IN	JCOME	I	
Monthly Net			\$2,643
Spouse's Monthly	Net		N/A
	Tot	al	\$2,643
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to back page final balance.			
 Meet with financiation your budget. 	al advisor t	o re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$180
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ъ

HC	DME	
Home Option:		
Payment (Principal/Inte	erest)	
Taxes, Insurance & Pl	MI*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	JG
(If child is under 1-year, do not	t include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or Mo	re)	
	Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:		
Occupation: Commercial Fishing		
Spouse's Occupation	^{n:} Dental .	Assistant
Number of Children	: 2- Kayden (4 & Mark (2 ye	t months old) ears old)
IN	ICOME	
Monthly Net		\$2,981
Spouse's Monthly	Net	\$2,494
	Tota	l \$5,475
Credit Score 700	+ or -	New Score
List table here		
WHEEL OF REALITY		
Unexpected Expense -		
Unexpected Income	e +	
Total		
Notes:		
1) Visit every table.		
2) Total expenses for each section.		
3) Carry each total to back page final balance.		
 Meet with financial advisor to review your budget. 		

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$130
Credit Cards	
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
3. Baby Wipes Childcare	
Childcare	
Childcare Additional Accessories	
Childcare Additional Accessories Pets (Optional)	
Childcare Additional Accessories Pets (Optional) Church (Optional)	
Childcare Additional Accessories Pets (Optional) Church (Optional)	

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Total	
DAILY LIVI	NG
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Domonal Caro (c. M.	
Personal Care (1 or More)	
Total	
101a1	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Computer Systems Analyst			
Spouse's Occupatio	Spouse's Occupation: Nurse (RN)		
Number of Children	2: 1- Sarah (8	3 m	onths old)
IN	JCOME		
Monthly Net			\$5,755
Spouse's Monthly	Net		\$5,490
	Tot	al	\$11,245
Credit Score 700	+ or -		New Score
List table here			
WHEEI	WHEEL OF REALITY		
Unexpected Expens	se -		
Unexpected Income	e +		
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 LO	DANS	
Student Loans	\$500	
Credit Cards	\$300	
Personal Loan (Monthly Amount)		
Total		
SAVINGS		
Savings (Emergency Fund)		
Retirement/Investments		
(Compound Interest)		
Total		
FAMILY LIF	Έ	
(If child is under 1-year, must do 1-3)		
Groceries (Select 1)		
1. Formula or Nursing		
2. Diapers		
3. Baby Wipes		
Childcare		
Additional Accessories		
Pets (Optional)		
Church (Optional)		
Charity (Optional)		
Total		
GetREALFRI		

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Construction			
Spouse's Occupation: Dental Assistant			
Number of Children	: 2- Shannon & Drew (3 y	(4 months old) ears old)	
IN	JCOME		
Monthly Net		\$3,908	
Spouse's Monthly	Net	\$2,494	
	Tota	\$6,402	
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	L OF REA	ALITY	
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$180
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Total FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È.
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	'Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	'Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ъ

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



Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name.			
Occupation: Correctional Officer			
Spouse's Occupation	Spouse's Occupation: Police Patrol Officer		
Number of Children	. None		
IN	JCOME		
Monthly Net			\$3,326
Spouse's Monthly	Net		\$4,040
Total \$7,366			
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	A	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$390
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	

HOI	ME		
Home Option:			_
Payment (Principal/Intere	st)		
Taxes, Insurance & PM	I*		-
Rent			
Renter's Insurance			_
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY I	IVIN	JG	
(If child is under 1-year, do not ir	iclude in f	amily size.)	
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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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Cosmetologist			
Spouse's Occupation: Army			
Number of Children: 2- Hayden (5 months old) & Brooklyn (3 years old)			
IN	JCOME	1	1
Monthly Net			\$2,662
Spouse's Monthly	Net		\$1,680
Total		\$4,342	
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RI	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$50
Credit Cards	\$270
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
Groceries (Select 1) 1. Formula or Nursing	
1. Formula or Nursing	
1. Formula or Nursing 2. Diapers	
 Formula or Nursing Diapers Baby Wipes 	
 Formula or Nursing Diapers Baby Wipes Childcare 	
 Formula or Nursing Diapers Baby Wipes Childcare Additional Accessories 	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	1
Rent	1
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
Housing Reimbursement	- \$1,500
(*private mortgage insurance) Tota	1
DAILY LIVI	NG
(If child is under 1-year, do not include ir	n family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Tota	1

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Name:

AUTOMOTIVE

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	Skip
Coverage (can be divided by 12)	Table
Co-Pay	-
Prescriptions	You
Vitamins	Have
No Insurance	100%
	Medical
Total	Coverage
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALANCE List totals from each category below Income + Additional Cash + **Income Subtotal** Savings -Debts and Loans -Family Life -Home -Daily Living -Transportation -Health -Communications -Entertainment/Hobbies -**Expenses Subtotal** Wheel of Reality + or -Total Under Budget + **Over Budget -**



Occupation: Counselor			
Spouse's Occupation: Marketing Manager			
Number of Children: 2- Anthony (5 months old) & Omar (3 years old)			
NCOME			
		\$2,629	
Net		\$5,566	
Total \$8,194			
		New Score	
L OF RE	EA	LITY	
se -			
e +			
Total			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			
	n: 2- Anthon & Omar (3) Net Net Tot + or -	n: 2- Anthony (5 & Omar (3 year) Net Net Total + Or -	

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$600
Credit Cards	\$270
Personal Loan (Monthly Amount)	,
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
IUtai	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	`Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Name:			
Occupation: Court Clerk			
Spouse's Occupation	^{n:} Facilit	es	
Number of Children: 1- Samantha (11 months old)			
IN	JCOME		
Monthly Net			\$2,730
Spouse's Monthly	Net		\$4,482
	Tot	al	\$7,212
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	A	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$480
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
f GetREALFR	

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:				
Trance.	Name:			
Occupation: Crime Scene Investigator				
Spouse's Occupation	^{n:} Truck	Dr	river	
Number of Children	: 1- Melan (2 years	-	1)	
IN	ICOME			
Monthly Net			\$4,097	
Spouse's Monthly	Net		\$3,578	
	Tot	al	\$7,676	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	OF RE	A	LITY	
Unexpected Expens	e -			
Unexpected Income	: +			
Total				
Notes:				
1) Visit every table.				
2) Total expenses for each section.				
3) Carry each total to back page final balance.				
 Meet with financial advisor to review your budget. 				

ADDITIONAL CASH			
Part-time Job	ASII		
Personal Loan (Full Amount)			
Personal Loan (Fun Anount)			
Total			
	ANC		
DEBTS AND LO			
Student Loans	\$180		
Credit Cards	\$480		
Personal Loan (Monthly Amount)			
Total			
SAVINGS)		
Savings (Emergency Fund)			
Retirement/Investments			
(Compound Interest)			
Total			
FAMILY LIF	Έ		
(If child is under 1-year, must do 1-3)			
Groceries (Select 1)			
1. Formula or Nursing			
2. Diapers			
3. Baby Wipes			
Childcare			
Additional Accessories			
Pets (Optional)			
Church (Optional)			
Charity (Optional)			
Total			

HO	ME		
Home Option:			
Payment (Principal/Inter	est)		
Taxes, Insurance & PM	[I*		
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY	LIVIN	JG	
(If child is under 1-year, do not i	nclude in f	amily size.)	
Dining Out (Select 1)			
Incidentals (1 or More)			
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More)			
Personal Care (1 or Mor	e)		
	Total		

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Day Care Worker				
Spouse's Occupation: Loan Officer				
Number of Children: 2- Stevie (8 months old) & Nikki (3 years old)				
IN	ICOME			
Monthly Net			\$1,804	
Spouse's Monthly	Net		\$3,102	
	Tot	al	\$3,574	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	OF RE	EA	LITY	
Unexpected Expens	e -			
Unexpected Income	Unexpected Income +			
	Total			
Notes:				
1) Visit every table.				
2) Total expenses for each section.				
3) Carry each total to back page final balance.				
 Meet with financial advisor to review your budget. 				

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$200
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
	Έ
(If child is under 1-year, must do 1-3)	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) Charity (Optional)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	`E

HON	ME		
Home Option:			
Payment (Principal/Intere	st)		
Taxes, Insurance & PMI	[*		
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Гotal		
DAILY I	IVIN	G	
(If child is under 1-year, do not in	clude in fai	nily size.)	
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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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALANCE		
List totals from each cat	egory below	
Income +		
Additional Cash +		
Income Subtotal		
Savings -		
Debts and Loans -		
Family Life -		
Home -		
Daily Living -		
Transportation -		
Health -		
Communications -		
Entertainment/Hobbies -		
Expenses Subtotal		
Wheel of Reality + or -		
Total		
Under Budget +		
Over Budget -		



Occupation: Deaf	Interpre	etei	r
Spouse's Occupation	^{n:} Welde	er	
Number of Children	: 2- Kimber & Kelly (2		4 months old) rs old)
IN	JCOME	1	
Monthly Net			\$2,461
Spouse's Monthly	Net		\$3,172
	Tot	al	\$5,632
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	: +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to	o back page	e fir	nal balance.
4) Meet with financia your budget.	al advisor t	o re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$80
Credit Cards	\$130
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Iotui	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È

HOM	1E		
Home Option:			
Payment (Principal/Interes	t)		
Taxes, Insurance & PMI ³	*		
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	otal		
DAILY L	IVIN	١G	
(If child is under 1-year, do not inc	lude in f	amily size.)	
Dining Out (Select 1)			
Incidentals (1 or More)			
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More)			
Personal Care (1 or More)			
Г	otal		

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALANCE		
List totals from each cat	egory below	
Income +		
Additional Cash +		
Income Subtotal		
Savings -		
Debts and Loans -		
Family Life -		
Home -		
Daily Living -		
Transportation -		
Health -		
Communications -		
Entertainment/Hobbies -		
Expenses Subtotal		
Wheel of Reality + or -		
Total		
Under Budget +		
Over Budget -		



Name:				
Occupation: Dental Assistant				
Spouse's Occupation: Commercial Fishing				
Number of Children: 2- Kayden (4 months old) & Kevin (2 years old)				
IN	ICOME			
Monthly Net			\$2,494	
Spouse's Monthly	Net		\$2,981	
	Tota	al	\$5,475	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	L OF RE	A	LITY	
Unexpected Expens	e -			
Unexpected Income	e +			
	Total			
Notes:				
1) Visit every table.				
2) Total expenses for each section.				
3) Carry each total to back page final balance.				
 Meet with financial advisor to review your budget. 				

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$130
Credit Cards	
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Pets (Optional) Church (Optional)	
Church (Optional)	
Church (Optional)	

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS				
Communications Option:				
Cell Service				
Internet				
Cable TV				
Streaming Services				
Bundle Discount	-			
Total				
ENTERTAINMENT	HOBBIES			
1.				
2.				
3.				
Total				

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Detective			
Spouse's Occupatio	^{n:} Teache	er	
Number of Children	• 1- Karsor	n (1 year old)
IN	ICOME		
Monthly Net			\$3,883
Spouse's Monthly	Net		\$3,687
	Tota	al	\$7,570
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	A	LITY
Unexpected Expens	se -		
Unexpected Income	e +		
	Total		
		_	
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL (CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND L	OANS
Student Loans	\$80
Credit Cards	\$250
Personal Loan (Monthly Amount)	
Total	
SAVINGS	5
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LI	TE
FAMILY LII (If child is under 1-year, must do 1-3)	FE
	FE
(If child is under 1-year, must do 1-3)	FE
(If child is under 1-year, must do 1-3) Groceries (Select 1)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories 	
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) 	
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) 	
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) 	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) Charity (Optional)	

H	OME	
Home Option:		
Payment (Principal/Inte	erest)	
Taxes, Insurance & P	MI*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		ĺ
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	١G
(If child is under 1-year, do no	t include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More))	
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)	
Personal Care (1 or Mo	ore)	
	Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS				
Communications Option:				
Cell Service				
Internet				
Cable TV				
Streaming Services				
Bundle Discount	-			
Total				
ENTERTAINMENT	HOBBIES			
1.				
2.				
3.				
Total				

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Dive	r		
Spouse's Occupatio	^{n:} Geolog	gis	t
Number of Children	3- Roger (2 Colton (2 & James (3	year	nonths old) rs old) ars old)
IN	ICOME		
Monthly Net			\$3,938
Spouse's Monthly	Net		\$5,533
	Total		
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	CA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	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 C	'ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$550
Credit Cards	\$600
Personal Loan (Monthly Amount)	_ +
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	1
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tota	L
DAILY LIVE	NG
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
	ļ
	ļ
Personal Care (1 or More)	
	ļ
	ļ
	-
Tota	L

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Draft	ter		
Spouse's Occupation	n: Prescho	ol	Teacher
Number of Children	: 2- Justin (2 & Tracy (3	2 ye yea	ears old) ars old)
IN	JCOME		
Monthly Net			\$3,390
Spouse's Monthly	Net		\$2,230
	Tota	al	\$5,620
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	A	LITY
Unexpected Expens	e -		
Unexpected Income	: +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to	o back page	fir	nal balance.
4) Meet with financia your budget.	al advisor to	o re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$450
Credit Cards	\$200
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Total	
DAILY LIVIN	١G
(If child is under 1-year, do not include in f	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Spouse's Occupation: Chef (Sous)				
Number of Children: 2- Josiah (5 months old) & Adelyn (3 years old)				
IN	JCOME	I		
Monthly Net \$5,721			\$5,721	
Spouse's Monthly	Spouse's Monthly Net		\$3,104	
	Tot	al	\$8,825	
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	e +			
	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.				

Occupation: Drilling Engineer

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$340
Credit Cards	\$480
Personal Loan (Monthly Amount)	
Total	
SAVINGS)
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	
	E
(If child is under 1-year, must do 1-3)	E
	E
(If child is under 1-year, must do 1-3)	
(If child is under 1-year, must do 1-3) Groceries (Select 1)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	

HO	ME	
Home Option:		
Payment (Principal/Inter	rest)	
Taxes, Insurance & PN	/II*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	JG
(If child is under 1-year, do not	include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or Mor	e)	
	Total	

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



	Tot	al	\$6,072
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for	each secti	on.	
3) Carry each total to	o back page	e fir	nal balance.
4) Meet with financia	al advisor t	:0 r(eview
your budget.			
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REV 01/08/2023			
IL ¥ U I / UO/ ZUZJ			

Name:

Occupation: Editor

Monthly Net

Spouse's Monthly Net

Spouse's Occupation: Chef (Sous)

Number of Children: 2- Opal (3 months old) & Mitchell (3 years old)

INCOME

\$2,967

\$3,104

ADDITIONAL	CASH
Part-time Job	
Personal Loan (Full Amount)	
	1
Total	
DEBTS AND L	OANS
Student Loans	\$100
Credit Cards	\$150
Personal Loan (Monthly Amount)	
Tota	1
SAVING	S
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Tota	1
FAMILY LI	FE
If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	1
Childcare	1
Additional Accessories	1
Pets (Optional)	1
Church (Optional)	
Charity (Optional)	
Total	Î

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Elect	rician		
Spouse's Occupatio	^{n:} Anima	al C	Caretaker
Number of Children	: 1- Audre (1 year o)
IN	JCOME	1	
Monthly Net			\$3,072
Spouse's Monthly	Net		\$2,658
	Tot	al	\$5,730
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to	10		
 Meet with financial your budget. 	al advisor t	o r	eview

ADDITIONAL C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$270
Personal Loan (Monthly Amount)	-
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOM	IE	
Home Option:		
Payment (Principal/Interes	t)	
Taxes, Insurance & PMI	*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY L	IVING	
(If child is under 1-year, do not inc	lude in family	size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or More)		
7	Total	



Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: EMT			
Spouse's Occupatio	n: Physica	al T	herapist
Number of Children	2- Connor & Robin (6		
IN	JCOME		
Monthly Net			\$2,595
Spouse's Monthly	Net		\$5,252
	Tot	al	\$7,847
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RI	EA	LITY
Unexpected Expens	se -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for	each secti	on.	
3) Carry each total to	o back page	e fii	nal balance.
4) Meet with financiaty your budget.	al advisor t	o r	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$300
Credit Cards	\$150
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
1. Formula or Nursing 2. Diapers	
2. Diapers	
2. Diapers 3. Baby Wipes	
2. Diapers 3. Baby Wipes Childcare	
2. Diapers 3. Baby Wipes Childcare Additional Accessories	
2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	
2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	
2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	

HO	ME	
Home Option:		
Payment (Principal/Intere	est)	
Taxes, Insurance & PM	I*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY I	LIVIN	١G
(If child is under 1-year, do not ir	ıclude in f	family size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Demonslife		
Personal Care (1 or More	:)	
	Total	
	Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Equipment Mechanic			
Spouse's Occupation	Spouse's Occupation: Pharmacy Tech		
Number of Children	: None		
IN	JCOME		
Monthly Net		\$3,249	
Spouse's Monthly	Net	\$3,021	
	Tot	al \$6,270	
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	L OF RE	ALITY	
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL CASH		
Part-time Job		
Personal Loan (Full Amount)		
Total		
DEBTS AND LO	DANS	
Student Loans	\$130	
Credit Cards	\$200	
Personal Loan (Monthly Amount)		
Total		
SAVINGS		
Savings (Emergency Fund)		
Retirement/Investments		
(Compound Interest)		
Total		
FAMILY LIF	Έ	
(If child is under 1-year, must do 1-3)		
Groceries (Select 1)		
1. Formula or Nursing		
2. Diapers		
3. Baby Wipes		
Childcare		
Additional Accessories		
Pets (Optional)		
Church (Optional)		
Charity (Optional)		
Total		
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HO	ME		
Home Option:			
Payment (Principal/Inter	est)		
Taxes, Insurance & PM	[I*		
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY]	LIVIN	JG	
(If child is under 1-year, do not i	nclude in f	amily size.)	
Dining Out (Select 1)			
Incidentals (1 or More)			
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More)			
Personal Care (1 or More	e)		
	Total		

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Name:			
Occupation: Facilities Maintenance			
Spouse's Occupation	Spouse's Occupation: Court Clerk		
Number of Children	: 1- Alayna (11 montl		
IN	JCOME		
Monthly Net		\$4,482	
Spouse's Monthly	Net	\$2,730	
	Tota	l \$7,212	
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	OF RE	ALITY	
Unexpected Expens	e -		
Unexpected Income	e +		
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 C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$480
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
f GetREALFR	

HC	ME	
Home Option:		
Payment (Principal/Inte	rest)	
Taxes, Insurance & Pl	MI*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	matal.	
	Total	
DAILY		
(If child is under 1-year, do not	include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Accessories (1 or more)		
Personal Care (1 or Mo	re)	
	Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Spouse's Occupation: N/A			
Number of Children: None			
IN	JCOME	1	
Monthly Net			\$3,458
Spouse's Monthly I	Spouse's Monthly Net		N/A
	Tot	al	\$3,458
Credit Score 700	+ or -		New Score
List table here			
WHEEL OF REALITY			
Unexpected Expens	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.			

Occupation: Fashion Designer

ADDITIONAL CASH		
Part-time Job		
Personal Loan (Full Amount)		
Total		
DEBTS AND LO	DANS	
Student Loans	\$175	
Credit Cards	\$75	
Personal Loan (Monthly Amount)		
Total		
SAVINGS		
Savings (Emergency Fund)		
Retirement/Investments		
(Compound Interest)		
Total		
FAMILY LIF	Έ	
(If child is under 1-year, must do 1-3)		
Groceries (Select 1)		
1. Formula or Nursing		
2. Diapers		
3. Baby Wipes		
Childcare		
Additional Accessories		
Pets (Optional)		
Church (Optional)		
Charity (Optional)		
Total		
f GetREALFRE		

HOM	IE	
Home Option:		
Payment (Principal/Intere	st)	
Taxes, Insurance & PM	*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Гotal	
DAILY I	IVING	
(If child is under 1-year, do not in	clude in family siz	ze.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or More)	
	Гotal	

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Name:			
Occupation: Firefighter			
Spouse's Occupation: N/A			
Number of Children	[:] None		
IN	JCOME	I	
Monthly Net			\$3,770
Spouse's Monthly	Net		N/A
	Tot	al	\$3,770
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	E A	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$80
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
	Έ
(If child is under 1-year, must do 1-3)	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	È
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) 	`Е
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	`Е
<pre>(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)</pre>	`Е
<pre>(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)</pre>	Ϋ́E

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Name:			
Occupation: Flagger			
Spouse's Occupation: Truck Driver			
Number of Children	: 1- Daniel	(2 years old)	
IN	ICOME		
Monthly Net		\$4,053	
Spouse's Monthly	Net	\$3,578	
	Tota	al \$7,631	
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	WHEEL OF REALITY		
Unexpected Expens	e -		
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$105
Credit Cards	\$410
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Total	
FAMILY LIF	Ъ.
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcare	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È

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

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Fligh	t Attend	an	t
Spouse's Occupation	^{n:} Chef		
Number of Children			months old) years old)
IN	ICOME		
Monthly Net			\$4,735
Spouse's Monthly	Net		\$3,104
Total \$7,839			
Credit Score 700	+ or -		New Score
List table here			
WHEEL OF REALITY			
Unexpected Expense –			
Unexpected Income	e +		
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$100
Credit Cards	\$90
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Iotai	
FAMILY LIF	Ъ.
	E
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	`Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ

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

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Floral Designer			
Spouse's Occupation	Spouse's Occupation: Land Surveyor LS		
Number of Children	: 2- Tricia (6 r & Jamie (4 ye		
IN	ICOME		
Monthly Net		\$2,545	
Spouse's Monthly	Net	\$3,934	
Total \$6,479			
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	WHEEL OF REALITY		
Unexpected Expens	Unexpected Expense -		
Unexpected Income	e +		
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$220
Credit Cards	\$200
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
(If child is under 1-year, must do 1-3) Groceries (Select 1)	
Groceries (Select 1)	
Groceries (Select 1) 1. Formula or Nursing	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers	
Groceries (Select 1) Formula or Nursing Diapers Baby Wipes 	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tota	1
DAILY LIVI	NG
(If child is under 1-year, do not include ir	n family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
T - 4 -	1
Tota	. 1

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Freight Handler			
Spouse's Occupation: Interior Designer			Designer
Number of Children	.: None		
IN	JCOME	1	
Monthly Net			\$2,371
Spouse's Monthly	Net		\$3,423
	Total \$5,794		
Credit Score 700	+ or -		New Score
List table here			
WHEEI	C OF RE	EA	LITY
Unexpected Expens	Unexpected Expense -		
Unexpected Income	e +		
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.			
List table here List table here List table here List table here WHEEI Unexpected Expens Unexpected Income Notes: 1) Visit every table. 2) Total expenses for 3) Carry each total ta	+ or -	E A on.	New Score

ADDITIONAL C	'ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$75
Credit Cards	\$30
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
	Έ
(If child is under 1-year, must do 1-3)	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1)	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	Έ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) Charity (Optional)	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	Ъ

HO	ME	
Home Option:		
Payment (Principal/Inter	rest)	
Taxes, Insurance & PM	/II*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	JG
(If child is under 1-year, do not	include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or Mon	re)	
	Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Geol	ogist		
Spouse's Occupatio	Diver		
Number of Children	Roger (10 r Colton (2 y & James (3	eai	rs old)
IN	ICOME		
Monthly Net			\$5,533
Spouse's Monthly	Net		\$2,938
	Tota	al	\$9,470
Credit Score 700	+ or -		New Score
List table here			
WHEE	L OF RE	A	LITY
Unexpected Expens	se -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to	o back page	fir	nal balance.
4) Meet with financi your budget.	al advisor to) r(eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$750
Credit Cards	\$600
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ъ

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Graphic Designer			
Spouse's Occupation: Musician			
Number of Children: 1- Rose (2 years old)			
IN	ICOME	1	
Monthly Net			\$3,294
Spouse's Monthly	Net		\$3,487
	Tot	al	\$6,781
Credit Score 700	+ or -		New Score
List table here			
WHEEL OF REALITY			
Unexpected Expense –			
Unexpected Income	e +		
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$230
Credit Cards	
Personal Loan (Monthly Amount)	
Total	
SAVINGS	}
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
1. Formula or Nursing	
1. Formula or Nursing 2. Diapers	
 Formula or Nursing Diapers Baby Wipes 	
 Formula or Nursing Diapers Baby Wipes Childcare 	
 Formula or Nursing Diapers Baby Wipes Childcare Additional Accessories 	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Total	
DAILY LIVING	
(If child is under 1-year, do not include in family size	ze.)
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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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Hairs	stylist		
Spouse's Occupation	^{n:} Accou	nta	ant
Number of Children	: 2- Mark (1 & Sarah (3		onths old) ars old)
IN	ICOME	1	
Monthly Net			\$2,026
Spouse's Monthly	Net		\$3,611
	Tot	al	\$5,637
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to	o back page	e fir	nal balance.
4) Meet with financiaty your budget.	al advisor t	o re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$175
Credit Cards	\$185
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Total FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	'Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	<u>`Е</u>
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	'Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ъ

HOME Home Option: Payment (Principal/Interest) Taxes, Insurance & PMI* Rent Renter's Insurance Electricity & Heat Water & Trash Furniture Home Decor (*private mortgage insurance) Total **DAILY LIVING** (If child is under 1-year, do not include in family size.) 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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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS				
Communications Option:				
Cell Service				
Internet				
Cable TV				
Streaming Services				
Bundle Discount	-			
Total				
ENTERTAINMENT	HOBBIES			
1.				
2.				
3.				
Total				

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Spouse's Occupation: Loan Officer				
Number of Children	Number of Children: 1- Elise (2 years old)			
IN	JCOME			
Monthly Net			\$2,933	
Spouse's Monthly I	Net		\$3,102	
	Tot	al	\$6,035	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	OF RE	EA	LITY	
Unexpected Expens	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.				

Occupation: Hazmat Instructor

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$80
Credit Cards	\$210
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
f GetREALFRF	

HC	OME	
Home Option:		
Payment (Principal/Inte	erest)	
Taxes, Insurance & Pl	MI*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	JG
(If child is under 1-year, do not	t include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More))	
Personal Care (1 or Mo	ore)	
	Total	

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS				
Communications Option:				
Cell Service				
Internet				
Cable TV				
Streaming Services				
Bundle Discount	-			
Total				
ENTERTAINMENT	HOBBIES			
1.				
2.				
3.				
Total				

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:				
Occupation: Heavy Equipment Operator				
Spouse's Occupation	Spouse's Occupation: Animal Control Officer			
Number of Children: 1- Jonathon (5 months old)				
IN	JCOME			
Monthly Net		\$3,874		
Spouse's Monthly	Net	\$3,158		
	Tot	al \$7,032		
Credit Score 700	+ or -	New Score		
List table here				
List table here				
List table here				
List table here				
WHEEI	OF RE	EALITY		
Unexpected Expens	e -			
Unexpected Income	e +			
Total				
Notes:				
1) Visit every table.				
2) Total expenses for each section.3) Carry each total to back page final balance.				
3) Carry each total to back page final balance.				
 Meet with financial advisor to review your budget. 				

ADDITIONAL C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$540
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
f GetREALFRF	

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:		
Occupation: Highway Maintenance		
Spouse's Occupatio	Spouse's Occupation: Web Developer	
Number of Children		(2 months old) 2 years old)
IN	ICOME	
Monthly Net		\$2,269
Spouse's Monthly	Net	\$4,804
	Tota	al \$7,072
Credit Score 700	+ or -	New Score
List table here		
WHEEL OF REALITY		
Unexpected Expens	se -	
Unexpected Income	e +	
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$230
Credit Cards	\$360
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
cillucate	
Additional Accessories	
Additional Accessories	
Additional Accessories Pets (Optional)	
Additional Accessories Pets (Optional) Church (Optional)	
Additional Accessories Pets (Optional) Church (Optional)	

HOME	2
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tot	
DAILY LIV	/ING
(If child is under 1-year, do not include	e in family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Tot	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Hom	emaker		
Spouse's Occupation: Drilling Engineer			Engineer
Number of Children	: 2- Nick (10 & Colton (
IN	JCOME		
Monthly Net			\$O
Spouse's Monthly	Net		\$5,721
	Tot	al	\$5,721
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$250
Credit Cards	\$160
Personal Loan (Monthly Amount)	
Total	
SAVINGS	5
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
1	
Total	
FAMILY LIF	
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ

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

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Hote	l Manage	er	
Spouse's Occupatio	^{n:} N/A		
Number of Children	: 2- Britta (9 mont		& Stacey old)
IN	JCOME		
Monthly Net			\$6,009
Spouse's Monthly	Net		N/A
	Tot	al	\$6,009
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			11 1
3) Carry each total to	~ ~		
 Meet with financial your budget. 	al advisor t	o re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$210
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	יסוי
	' E
(If child is under 1-year, must do 1-3)	L
(If child is under 1-year, must do 1-3)	
(If child is under 1-year, must do 1-3) Groceries (Select 1)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	
<pre>(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)</pre>	
<pre>(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)</pre>	
<pre>(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)</pre>	

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

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Spouse's Occupation: Truck Driver				
Number of Children: None				
IN	JCOME			
Monthly Net	Monthly Net		\$2,519	
Spouse's Monthly	Net		\$3,578	
	Tot	al	\$6,097	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEL OF REALITY				
Unexpected Expens	e -			
Unexpected Income	e +			
	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.				

Occupation: Housekeeper (Oilfield)

ADDITIONAL CASH		
Part-time Job		
Personal Loan (Full Amount)		
Total		
DEBTS AND LO	DANS	
Student Loans	\$110	
Credit Cards	\$330	
Personal Loan (Monthly Amount)		
Total		
SAVINGS		
Savings (Emergency Fund)		
Retirement/Investments		
(Compound Interest)		
Total		
FAMILY LIF	Έ	
(If child is under 1-year, must do 1-3)		
(If child is under 1-year, must do 1-3) Groceries (Select 1)		
Groceries (Select 1)		
Groceries (Select 1) 1. Formula or Nursing		
Groceries (Select 1) 1. Formula or Nursing 2. Diapers		
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes		
Groceries (Select 1) Formula or Nursing Diapers Baby Wipes Childcare		
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories		
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)		
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) Charity (Optional)		
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)		

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Total	
DAILY LIVIN	G
(If child is under 1-year, do not include in fa	mily size.)
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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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE	
List totals from each cat	egory below	
Income +		
Additional Cash +		
Income Subtotal		
Savings -		
Debts and Loans -		
Family Life -		
Home -		
Daily Living -		
Transportation -		
Health -		
Communications -		
Entertainment/Hobbies -		
Expenses Subtotal		
Wheel of Reality + or -		
Total		
Under Budget +		
Over Budget -		



Number of Children: None			
INCOME			
Monthly Net	Monthly Net		\$1,887
Spouse's Monthly	Spouse's Monthly Net		\$3,578
	Tot	al	\$5,465
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	Unexpected Expense -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$110
Credit Cards	\$330
Personal Loan (Monthly Amount)	
Total	
SAVINGS)
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
	Έ
(If child is under 1-year, must do 1-3)	È
(If child is under 1-year, must do 1-3) Groceries (Select 1)	`Е
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	Έ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	È
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare 	Έ
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories 	Ъ
<pre>(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)</pre>	Ъ
<pre>(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)</pre>	Ъ
<pre>(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)</pre>	Ъ

HC	OME	
Home Option:	-	
Payment (Principal/Inte	erest)	
Taxes, Insurance & Pl	MI*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
	LIVIN	
(If child is under 1-year, do not		
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More))	
Personal Care (1 or Mo	re)	
	Total	

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Name:

Occupation: Housekeeper

Spouse's Occupation: Truck Driver

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE	
List totals from each cat	egory below	
Income +		
Additional Cash +		
Income Subtotal		
Savings -		
Debts and Loans -		
Family Life -		
Home -		
Daily Living -		
Transportation -		
Health -		
Communications -		
Entertainment/Hobbies -		
Expenses Subtotal		
Wheel of Reality + or -		
Total		
Under Budget +		
Over Budget -		



Occupation: Human Resources			
Spouse's Occupation: Mechanic			
Number of Children: 1- Sarah (3 months old)			
IN	JCOME		
Monthly Net			\$3,587
Spouse's Monthly I	Net		\$3,777
	Tot	al	\$7,364
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	EA	LITY
Unexpected Expense -			
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$130
Credit Cards	\$25
Personal Loan (Monthly Amount)	
Total	
SAVINGS	}
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Childcare Additional Accessories	
Additional Accessories	
Additional Accessories Pets (Optional)	
Additional Accessories Pets (Optional) Church (Optional)	
Additional Accessories Pets (Optional) Church (Optional)	

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

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Information Security			
Spouse's Occupation: Homemaker			ıker
Number of Children: 2- Chris (3 years old) & Lacey (1 year old)			
IN	JCOME		
Monthly Net			\$5,896
Spouse's Monthly	Net		\$O
Total \$5,896			\$5,896
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$375
Credit Cards	\$180
Personal Loan (Monthly Amount)	
Total	
SAVINGS)
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Total FAMILY LIF	Έ
	' E None required
FAMILY LIF	
FAMILY LIF (If child is under 1-year, must do 1-3)	
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcare	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	

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

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Instrument Operator			
Spouse's Occupation	Spouse's Occupation: Probation Officer		
Number of Children	: 2- Bryson (5 & Eva (3 yea	5 months old) ars old)	
IN	ICOME		
Monthly Net		\$3,051	
Spouse's Monthly	Net	\$3,674	
	Tota	1 \$6,725	
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	OF REA	ALITY	
Unexpected Expense -			
Unexpected Income	e +		
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$80
Credit Cards	\$230
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Total FAMILY LIF	Έ
	Έ
FAMILY LIF	E
FAMILY LIF (If child is under 1-year, must do 1-3)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È

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

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Spouse's Occupation: Freight Handler			
Number of Children	[:] None		
IN	ICOME	I	
Monthly Net			\$3,423
Spouse's Monthly	Net		\$2,371
	Tot	al	\$5,794
Credit Score 700	+ or -		New Score
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.			

Occupation: Interior Designer

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$75
Credit Cards	\$30
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tota	1
DAILY LIV	NG
(If child is under 1-year, do not include i	n family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Tota	1

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Spouse's Occupation: Bakery Clerk			
Number of Children: None			
IN	JCOME	1	
Monthly Net		\$2,193	
Spouse's Monthly	Net		\$2,253
	Tot	al	\$4,446
Credit Score 700	+ or -		New Score
List table here			
WHEEL OF REALITY			
Unexpected Expens	Unexpected Expense -		
Unexpected Income	Unexpected Income +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$185
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
_	
Total	
Total FAMILY LIF	Έ
	E
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	`Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ъ

HOM	E
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
	otal
DAILY LI	VING
(If child is under 1-year, do not inclu	de in family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
	otal
10	, cul

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Name:

Occupation: Janitor

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Journ	neyman		
Spouse's Occupation	^{n:} N/A		
Number of Children	: None		
IN	JCOME	1	
Monthly Net			\$3,613
Spouse's Monthly	Net		N/A
	Tot	al	\$3,613
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for	each section	on.	
3) Carry each total to back page final balance.			
4) Meet with financial advisor to review your budget.			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$160
Credit Cards	\$80
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	E
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
	Έ
(If child is under 1-year, must do 1-3)	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1)	` Е
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	`Е
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	È
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) 	
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) 	
 (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) 	È

HOM	E
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) TC	otal
DAILY LI	VING
(If child is under 1-year, do not inclu	de in family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Tc	otal

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Land Surveyor			
Spouse's Occupation: Floral Designer			
Number of Children	Number of Children: 2- Tricia (6 months old) & Jamie (4 years old)		
IN	ICOME		1
Monthly Net			\$3,934
Spouse's Monthly	Net		\$2,545
	Tot	al	\$6,479
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	ΞA	LITY
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$220
Credit Cards	\$200
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Childcare Additional Accessories	
Additional Accessories	
Additional Accessories Pets (Optional)	
Additional Accessories Pets (Optional) Church (Optional)	
Additional Accessories Pets (Optional) Church (Optional)	

HOM	E
Home Option:	
Payment (Principal/Interest))
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) T (otal
DAILY LI	VING
(If child is under 1-year, do not inclu	ıde in family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
To	otal

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Lifeg	guard		
Spouse's Occupation: Massage Therapist			
Number of Children	: 1- Alana	(3	years old)
IN	ICOME	I	
Monthly Net			\$2,476
Spouse's Monthly	Net		\$3,369
	Tot	al	\$4,474
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to back page final balance.			
4) Meet with financian your budget.	al advisor t	o re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$60
Credit Cards	\$45
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Additional Accessories Pets (Optional)	
Pets (Optional)	
Pets (Optional) Church (Optional)	
Pets (Optional) Church (Optional)	

HOM	1 E
Home Option:	
Payment (Principal/Interes	t)
Taxes, Insurance & PMI ³	*
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
	Total
DAILY L	IVING
(If child is under 1-year, do not inc	lude in family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Т	Total

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Spouse's Occupation: Teacher			
Number of Children: 2- J.R. (10 months old) & David (1 year old)			
INCOME			
Monthly Net		\$3,968	
Spouse's Monthly I	Net		\$3,687
	Total \$7,655		
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	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.			

Occupation: Lineman-Oil Field

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$400
Credit Cards	\$130
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
f GetREALFR	

HO	ME	
Home Option:		
Payment (Principal/Intere	est)	
Taxes, Insurance & PM	I*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY I	LIVIN	IG
(If child is under 1-year, do not i	nclude in fa	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or More	e)	
	Total	

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	FINAL BALANCE	
List totals from each cat	egory below	
Income +		
Additional Cash +		
Income Subtotal		
Savings -		
Debts and Loans -		
Family Life -		
Home -		
Daily Living -		
Transportation -		
Health -		
Communications -		
Entertainment/Hobbies -		
Expenses Subtotal		
Wheel of Reality + or -		
Total		
Under Budget +		
Over Budget -		



Occupation: Loan Officer			
Spouse's Occupation: Day Care Worker			
Number of Children: None			
INCOME			
Monthly Net			\$3,102
Spouse's Monthly	Net		\$1,804
	Tot	al	\$4,906
Credit Score 700	Credit Score 700 + or - New		New Score
List table here			
List table here			
List table here	st table here		
List table here			
WHEEI	L OF RE	EA	LITY
Unexpected Expense -			
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$200
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Iotai	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È.
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcare	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ

HC	OME		
Home Option:			
Payment (Principal/Inte	erest)		
Taxes, Insurance & P	MI*		
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY	LIVIN	JG	
(If child is under 1-year, do not	t include in f	amily size.)	
Dining Out (Select 1)			
Incidentals (1 or More)			
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More))		
Personal Care (1 or Mo	ore)		
	Total		

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	FINAL BALANCE	
List totals from each cat	egory below	
Income +		
Additional Cash +		
Income Subtotal		
Savings -		
Debts and Loans -		
Family Life -		
Home -		
Daily Living -		
Transportation -		
Health -		
Communications -		
Entertainment/Hobbies -		
Expenses Subtotal		
Wheel of Reality + or -		
Total		
Under Budget +		
Over Budget -		



nes		
n: Restaur	ran	t Manager
JCOME		
		\$1,680
Net		\$3,795
Tot	al	\$5,475
+ or -		New Score
L OF RE	CA	LITY
e -		
e +		
Total		
		11.1
al advisor t	o re	eview
	n: Restaur 2- Brandor & Karen (3 Net Net Total ceach section o back page	n: Restauran : 2- Brandon (7 & Karen (3 ye) Net Net Total + or - COF REA ie - e +

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$130
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	E
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
GetREALFRI	

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
Housing Reimbursement	- \$1,500
(*private mortgage insurance) Total	
DAILY LIVI	NG
(If child is under 1-year, do not include in	family size.)
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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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	Skip
Coverage (can be divided by 12)	Table
Co-Pay	-
Prescriptions	You
Vitamins	Have
No Insurance	100%
	Medical
Total	Coverage
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALANCE	
List totals from each cate	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Marketing Manager			
Spouse's Occupation: Counselor			
Number of Children: 2- Luke (5 months old) & Chase (3 years old)			
IN	JCOME		
Monthly Net			\$5,566
Spouse's Monthly	Net		\$2,629
	Tot	al	\$8,194
Credit Score 700	+ or -		New Score
List table here			
WHEEI	WHEEL OF REALITY		
Unexpected Expens	e -		
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$600
Credit Cards	\$270
Personal Loan (Monthly Amount)	
Total	
SAVINGS)
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
(If child is under 1-year, must do 1-3)	
(If child is under 1-year, must do 1-3) Groceries (Select 1)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	

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

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Massage Therapist			
Spouse's Occupation: Aircraft Mechanic			
Number of Children	: None		
IN	JCOME		
Monthly Net			\$3,369
Spouse's Monthly I	Net		\$5,115
	Tot	al	\$8,484
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	A	LITY
Unexpected Expense -			
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$160
Credit Cards	\$260
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
	È
(If child is under 1-year, must do 1-3)	È
(If child is under 1-year, must do 1-3) Groceries (Select 1)	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	`E
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	`Е
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) Charity (Optional)	`Е
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	`Е

HO	ME	
Home Option:		
Payment (Principal/Inter	rest)	
Taxes, Insurance & PM	/II*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	JG
(If child is under 1-year, do not	include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or Mor	e)	
	Total	

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	

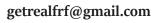


Name:		
Occupation: Mech	nanic	
Spouse's Occupatio	^{n:} Archite	ect
Number of Children	: 1- Hayde (5 month	
IN	JCOME	
Monthly Net		\$3,777
Spouse's Monthly	Net	\$4,284
	Tota	al \$8,061
Credit Score 700	+ or -	New Score
List table here		
WHEEI	OF RE	ALITY
Unexpected Expens	e -	
Unexpected Income	e +	
	Total	
Notes:		
1) Visit every table.		
2) Total expenses for		
3) Carry each total to	o back page	final balance.
4) Meet with financiation your budget.	al advisor to	review

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$400
Credit Cards	\$460
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	

HO	ME	
Home Option:		
Payment (Principal/Inter	est)	
Taxes, Insurance & PM	II*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	١G
(If child is under 1-year, do not a	include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or Mor	e)	
	Total	

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:				
Occupation: Medi	Occupation: Medical Records			
Spouse's Occupation	Spouse's Occupation: Office Manager			
Number of Children	. 3- Nathan (6 Kristine (2) & Tommy (4			
IN	ICOME			
Monthly Net		\$4,344		
Spouse's Monthly	Net	\$5,095		
Total \$9,439				
Credit Score 700	+ or -	New Score		
List table here				
List table here				
List table here				
List table here				
WHEEI	WHEEL OF REALITY			
Unexpected Expens	e -			
Unexpected Income	e +			
	Total			
Notes:				
1) Visit every table.				
2) Total expenses for each section.				
3) Carry each total to back page final balance.				
 Meet with financial advisor to review your budget. 				

ADDITIONAL C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$480
Credit Cards	\$100
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Total FAMILY LIF	E
FAMILY LIF	Έ
	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	È

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Mete	r Reader	•	
Spouse's Occupation	^{n:} Navy		
Number of Children	: None		
IN	ICOME	I	
Monthly Net			\$3,050
Spouse's Monthly	Net		\$1,680
Total \$4,731			
Credit Score 700	+ or -		New Score
List table here			
WHEEL OF REALITY			
Unexpected Expens	e -		
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

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

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
Housing Reimbursement	- \$1,500
(*private mortgage insurance) Total	
DAILY LIVIN	JG
(If child is under 1-year, do not include in f	amily size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	Skip
Coverage (can be divided by 12)	Table
Co-Pay	-
Prescriptions	You
Vitamins	Have
No Insurance	100%
	Medical
Total	Coverage
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

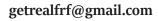
FINAL BALANCE		
List totals from each cate	egory below	
Income +		
Additional Cash +		
Income Subtotal		
Savings -		
Debts and Loans -		
Family Life -		
Home -		
Daily Living -		
Transportation -		
Health -		
Communications -		
Entertainment/Hobbies -		
Expenses Subtotal		
Wheel of Reality + or -		
Total		
Under Budget +		
Over Budget -		



Name:			
Occupation: Mine	er		
Spouse's Occupation	^{n:} Secret	ar	у
Number of Children	: 2- Aaron (3 & Maxine (
IN	ICOME		
Monthly Net			\$4,036
Spouse's Monthly	Net		\$2,638
	Tota	al	\$6,674
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	A	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
		_	
Notes:			
1) Visit every table.			
2) Total expenses for			11.1
3) Carry each total to			
 Meet with financia your budget. 	al advisor to) r(eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$230
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Total	
	Έ
IFAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Ϋ́Ε
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ϋ́Ε
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ

HO	ME		
Home Option:			
Payment (Principal/Inter	rest)		
Taxes, Insurance & PM	/II*		
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY	LIVIN	JG	
(If child is under 1-year, do not	include in f	amily size.)	
Dining Out (Select 1)			
Incidentals (1 or More)			
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More)			
Personal Care (1 or Mon	re)		
	Total		



Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Mort	ician		
Spouse's Occupation: Business Manager			
Number of Children	2- Wednes & Pugsley	day (9 r	(3 years old) nonths old)
IN	ICOME		
Monthly Net			\$3,195
Spouse's Monthly	Net		\$6,742
	Tot	al	\$9,938
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	A	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
		_	
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$475
Credit Cards	\$300
Personal Loan (Monthly Amount)	
Total	
SAVINGS	}
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
	7 0

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Musi	cian		
Spouse's Occupation: Graphic Designer			
Number of Children	: 1- Rose	(2 ye	ears old)
IN	ICOME		
Monthly Net		:	\$3,487
Spouse's Monthly	Net		\$3,294
	Tot	al	\$6,781
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EAI	ITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to	o back page	e fina	al balance.
4) Meet with financia your budget.	al advisor t	o rev	view

ADDITIONAL (CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$230
Credit Cards	
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
(1) child is under 1-gear, must do 1-5)	
Groceries (Select 1)	
Groceries (Select 1)	
Groceries (Select 1) 1. Formula or Nursing	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	
Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	

НО	ME	
Home Option:		
Payment (Principal/Inter	est)	
Taxes, Insurance & PM	II*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	١G
(If child is under 1-year, do not a	include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or Mor	e)	
	Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Navy			
Spouse's Occupation	^{n:} Office	Μ	anager
Number of Children	÷ 1- Avery	(2	years old)
IN	JCOME	1	
Monthly Net			\$1,680
Spouse's Monthly	Net		\$5,095
	Tot	al	\$6,775
Credit Score 700	+ or -		New Score
List table here			
WHEEL OF REALITY			
Unexpected Expens	e -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$200
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
GetREALFRF	 7 (

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
Housing Reimbursement	- \$1,500
(*private mortgage insurance) Total	
DAILY LIVI	NG
(If child is under 1-year, do not include in j	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	Skip
Coverage (can be divided by 12)	Table
Co-Pay	-
Prescriptions	You
Vitamins	Have
No Insurance	100%
	Medical
Total	Coverage
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: News Reporter				
Spouse's Occupation: Paralegal				
Number of Children: 1- Micah (6 years old)				
IN	JCOME			
Monthly Net			\$3,324	
Spouse's Monthly	Net		\$3,793	
	Total \$7,116			
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	e +			
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$130
Credit Cards	\$75
Personal Loan (Monthly Amount)	
Total	
SAVINGS)
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
f GetREALFR	7 0

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

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



IN	ICOME		
Monthly Net			\$2,480
Spouse's Monthly	Net		N/A
	Tot	al	\$2,480
Credit Score 700	+ or -		New Score
List table here			
WHEEL OF REALITY			
Unexpected Expense -			
Unexpected Income	ome +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to	o back page	e fir	nal balance.
4) Meet with financiation your budget.	al advisor t	o re	eview
your oudget.			

Occupation: Certified Nurses Assistant

Spouse's Occupation: N/A

Number of Children:

ADDITIONAL C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$70
Credit Cards	\$130
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
2. Diapers 3. Baby Wipes	
3. Baby Wipes	
3. Baby Wipes Childcare	
3. Baby Wipes Childcare Additional Accessories	
3. Baby Wipes Childcare Additional Accessories Pets (Optional)	
3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) Charity (Optional)	
3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	

HC	ME	
Home Option:		
Payment (Principal/Inte	rest)	
Taxes, Insurance & PI	MI*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	IG
(If child is under 1-year, do not	include in fa	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or Mo	re)	
	Total	

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Occupation: Licensed Practical Nurse			
Spouse's Occupation	Spouse's Occupation: Teller		
Number of Children	[:] None		
IN	ICOME	1	
Monthly Net			\$3,855
Spouse's Monthly	Net		\$2,100
Total \$5,954			
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	EA	LITY
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 LO	DANS	
Student Loans	\$250	
Credit Cards		
Personal Loan (Monthly Amount)		
Total		
SAVINGS		
Savings (Emergency Fund)		
Retirement/Investments		
(Compound Interest)		
Total		
FAMILY LIF	Έ	
(If child is under 1-year, must do 1-3)		
Groceries (Select 1)		
1. Formula or Nursing		
2. Diapers		
3. Baby Wipes		
Childcare		
Additional Accessories		
Pets (Optional)		
Church (Optional)		
Charity (Optional)		
Total		
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tot	al
DAILY LIV	ING
(If child is under 1-year, do not include	in family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Tota	al

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Spouse's Occupation: Truck Driver				
Number of Children	Number of Children: 1- Hadley (1 year old)			
IN	JCOME			
Monthly Net	Monthly Net		\$5,490	
Spouse's Monthly I	Net		\$3,578	
	Total \$9,068			
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	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.				

Occupation: Registered Nurse

ADDITIONAL C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$315
Credit Cards	\$160
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
Groceries (Select 1) 1. Formula or Nursing	
1. Formula or Nursing	
1. Formula or Nursing 2. Diapers	
 Formula or Nursing Diapers Baby Wipes 	
 Formula or Nursing Diapers Baby Wipes Childcare 	
 Formula or Nursing Diapers Baby Wipes Childcare Additional Accessories 	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	
 Formula or Nursing Diapers Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) Charity (Optional) 	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	

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

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:		
Occupation: Office Manager		
Spouse's Occupation: Medical Records		
Number of Children	3- Nathan (6 Kristine (2 y & Tommy (4	
IN	ICOME	
Monthly Net		\$5,095
Spouse's Monthly	Net	\$4,344
	Tota	1 \$8,283
Credit Score 700	+ or -	New Score
List table here		
WHEEL OF REALITY		
Unexpected Expens	e -	
Unexpected Income	e +	
Total		
Notes:		
1) Visit every table.		
2) Total expenses for each section.		
3) Carry each total to back page final balance.		
 Meet with financial advisor to review your budget. 		

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$480
Credit Cards	\$100
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
Groceries (Select 1) 1. Formula or Nursing	
1. Formula or Nursing	
1. Formula or Nursing 2. Diapers	
 Formula or Nursing Diapers Baby Wipes 	
 Formula or Nursing Diapers Baby Wipes Childcare 	
 Formula or Nursing Diapers Baby Wipes Childcare Additional Accessories 	
 Formula or Nursing Diapers Baby Wipes Childcare Additional Accessories Pets (Optional) 	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Paral	legal		
Spouse's Occupation: News Reporter			
Number of Children	: 1- Micah	n (6	years old)
IN	JCOME		
Monthly Net			\$3,793
Spouse's Monthly	Net		\$3,324
	Tot	al	\$7,116
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$130
Credit Cards	\$75
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Total	
DAILY LIVI	NG
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Para	medic		
Spouse's Occupatio	^{n:} Journe	eyr	nan
Number of Children	: 2- Noah (2 & Meghan	2 yea (8 1	ars old) months old)
IN	JCOME		
Monthly Net			\$3,025
Spouse's Monthly	Net		\$3,613
	Tot	al	\$6,637
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.	1		
2) Total expenses for			11 1
3) Carry each total to	-		
 Meet with financial your budget. 	al advisor t	o re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$150
Credit Cards	\$260
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Total FAMILY LIF	Ъ.
	E
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	`Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcare	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È

HC	OME	
Home Option:		
Payment (Principal/Inte	erest)	
Taxes, Insurance & P	MI*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	١G
(If child is under 1-year, do no	t include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More))	
Personal Care (1 or Mo	ore)	
	Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:				
Occupation: Personal Care Aide				
Spouse's Occupatio	^{n:} Teller			
Number of Children	: 1- Lucas (6 month	s old)		
IN	ICOME			
Monthly Net		\$2,174		
Spouse's Monthly	Net	\$2,100		
	Tota	1 \$4,273		
Credit Score 700	+ or -	New Score		
List table here				
List table here	I			
List table here				
List table here				
WHEEI	WHEEL OF REALITY			
Unexpected Expens	Unexpected Expense –			
Unexpected Income	e +			
Total				
Notes:				
1) Visit every table.				
2) Total expenses for each section.				
3) Carry each total to back page final balance.				
 Meet with financial advisor to review your budget. 				

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$330
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tota	
DAILY LIVI	NG
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Tota	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Personal Trainer				
Spouse's Occupation: Police Officer				
Number of Children	Number of Children: 1- Sadie (4 years old)			
IN	JCOME			
Monthly Net			\$3,801	
Spouse's Monthly	Net		\$4,040	
	Tot	al	\$7,842	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	OF RE	EA	LITY	
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$190
Credit Cards	\$225
Personal Loan (Monthly Amount)	
Total	
SAVINGS	}
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Additional Accessories	
Additional Accessories Pets (Optional)	
Additional Accessories Pets (Optional) Church (Optional)	
Additional Accessories Pets (Optional) Church (Optional)	

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Total	
DAILY LIVI	NG
(If child is under 1-year, do not include in j	family size.)
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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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Petroleum Engineer			
Spouse's Occupation: N/A			
Number of Children	Number of Children: 1- Crystal (5 years old)		
IN	ICOME		
Monthly Net			\$5,739
Spouse's Monthly I	Net		N/A
	Tot	al	\$5,739
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$480
Credit Cards	
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Iotui	
FAMILY LIF	Έ
	Έ
FAMILY LIF	È
FAMILY LIF (If child is under 1-year, must do 1-3)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	È

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Pharmacy Technician				
Spouse's Occupation: Equipment Mechanic				
Number of Children	Number of Children: None			
IN	ICOME			
Monthly Net			\$3,021	
Spouse's Monthly I	Net		\$3,249	
	Tot	al	\$6,270	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	OF RE	EA	LITY	
Unexpected Expense -				
Unexpected Income	Unexpected Income +			
	Total			
Notes:				
1) Visit every table.				
2) Total expenses for each section.				
3) Carry each total to back page final balance.				
 Meet with financial advisor to review your budget. 				

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$130
Credit Cards	\$200
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
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	
(*private mortgage insurance) Tota	
1000	
DAILY LIVI	
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Tota	

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Occupation: Phlebotomist			
Spouse's Occupation: N/A			
Number of Children: 1- Ava (3 years old)			
IN	ICOME	1	
Monthly Net			\$2,389
Spouse's Monthly	Net		N/A
	Tot	al	\$2,389
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RI	EA	LITY
Unexpected Expense -			
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$50
Credit Cards	\$85
Personal Loan (Monthly Amount)	
Total	
SAVINGS	}
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
1. Formula or Nursing 2. Diapers	
2. Diapers	
2. Diapers 3. Baby Wipes	
2. Diapers 3. Baby Wipes Childcare	
2. Diapers 3. Baby Wipes Childcare Additional Accessories	
2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	
2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	
2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	

НС	ME	
Home Option:		
Payment (Principal/Inter	rest)	
Taxes, Insurance & PN	/II*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Iotui	
DAILY	LIVIN	JG
(If child is under 1-year, do not	include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
D		
Personal Care (1 or Mon	re)	
	mat 1	
	Total	

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Name:			
Occupation: Photographer			
Spouse's Occupation: Admin Assistant			ssistant
Number of Children	: 1- Alexis (7 mont		old)
IN	ICOME		
Monthly Net			\$3,817
Spouse's Monthly	Net		\$2,874
	Tot	al	\$6,692
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$75
Credit Cards	\$160
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
	Έ
Total FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È.
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	Ϋ́Ε
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	È

H	OME	
Home Option:		
Payment (Principal/Inte	erest)	
Taxes, Insurance & P	MI*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	١G
(If child is under 1-year, do no	t include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More))	
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)	
Personal Care (1 or Mo	ore)	
	Total	

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Occupation: Physical Therapist			
Spouse's Occupation: EMT			
Number of Children: 2- Connor (3 years old) & Robin (6 months old)			
IN	JCOME	1	
Monthly Net	Monthly Net \$5,252		
Spouse's Monthly	Net		\$2,595
	Tot	al	\$7,847
Credit Score 700	+ or -		New Score
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 C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$300
Credit Cards	\$150
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
Groceries (Select 1) 1. Formula or Nursing	
1. Formula or Nursing	
1. Formula or Nursing 2. Diapers	
 Formula or Nursing Diapers Baby Wipes 	
 Formula or Nursing Diapers Baby Wipes Childcare 	
 Formula or Nursing Diapers Baby Wipes Childcare Additional Accessories 	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	
1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	

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

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Occupation: Pilot			
Spouse's Occupation: Real Estate Agent			
Number of Children: None			
INCOME			
Monthly Net \$6,125			
Spouse's Monthly I	Net		\$3,752
	Tot	al	\$9,877
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for	each section	on.	
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$400
Credit Cards	\$280
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Iotai	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcare	`Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	`Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ

HO	ME		
Home Option:			
Payment (Principal/Inter	est)		
Taxes, Insurance & PM	II*		
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY	LIVIN	JG	
(If child is under 1-year, do not i	include in f	amily size.)	
Dining Out (Select 1)			
Incidentals (1 or More)			
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More)			
Personal Care (1 or More	e)		
	Total		

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Plumber			
Spouse's Occupation: Homemaker			
Number of Children: 3- Jenna (4 years old) Bryson (2 years old) & Jaxson (2 months old)			
IN	JCOME		
Monthly Net			\$4,053
Spouse's Monthly	Net		\$O
	Tot	al	\$4,053
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to	10		
4) Meet with financia your budget.	al advisor t	o re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Total FAMILY LIF	È
	`E None required
FAMILY LIF	
FAMILY LIF (If child is under 1-year, must do 1-3)	
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcare	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	

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

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Police Officer			
Spouse's Occupation: Correctional Officer			
Number of Children	: None		
IN	ICOME		
Monthly Net			\$4,040
Spouse's Monthly I	Net		\$3,326
	Total \$7,366		
Credit Score 700	Credit Score 700 + or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	Unexpected Expense -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$390
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tota	L
DAILY LIVI	NG
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Demonal Cana (
Personal Care (1 or More)	
Total	
1014	L

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Preschool Teacher			
Spouse's Occupation: Drafter			
Number of Children			years old) years old)
IN	ICOME	1	,
Monthly Net			\$2,230
Spouse's Monthly I	Net		\$3,390
	Tot	al	\$5,620
Credit Score 700	+ or -		New Score
List table here			
WHEEI	WHEEL OF REALITY		
Unexpected Expens	Unexpected Expense -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$450
Credit Cards	\$200
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Additional Accessories Pets (Optional)	
Pets (Optional)	
Pets (Optional) Church (Optional)	
Pets (Optional) Church (Optional)	

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

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Probation Officer			
Spouse's Occupation: Instrument Operator			
Number of Children: 2- Bryson (5 months old) & Eva (3 years old)			
IN	ICOME		
Monthly Net		\$3,674	
Spouse's Monthly	Net	\$3,051	
	Tota	d \$6,725	
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	WHEEL OF REALITY		
Unexpected Expens	Unexpected Expense -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$80
Credit Cards	\$230
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Total	
DAILY LIVI	NG
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Demonstration of the second se	
Personal Care (1 or More)	
Tatal	
Total	· [

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



isher		
n: Instrume	en	it Operator
• 1 - Nick (1	C	months old)
ICOME		
		\$4,087
Net		\$3,051
Tota	1	\$7,138
+ or -		New Score
OF RE	4	LITY
e -		
e +		
Total		
	_	
10	_	
al advisor to	re	eview
	n: Instrume 1 - Nick (10 Net Tota + or - OF REA ie - e + Total Total	n: Instrumen : 1 - Nick (10) Net Net

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$80
Credit Cards	\$150
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
1. Formula or Nursing 2. Diapers	
2. Diapers	
2. Diapers 3. Baby Wipes	
2. Diapers 3. Baby Wipes Childcare	
2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	
2. Diapers 3. Baby Wipes Childcare Additional Accessories	
2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	
2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	

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

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Trance.			
Occupation: Radiology Technician			
Spouse's Occupation: Carpenter			
Number of Children	÷ 1- Bree (2 y	vears old)
IN	JCOME		,
Monthly Net			\$3,931
Spouse's Monthly I	Net		\$3,797
	Tot	al	\$7,728
Credit Score 700	+ or -		New Score
List table here	°e		
List table here			
List table here			
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$220
Credit Cards	\$110
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tot	al
DAILY LIV	ING
(If child is under 1-year, do not include	in family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
_	
Personal Care (1 or More)	
Tot	al

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS				
Communications Option:				
Cell Service				
Internet				
Cable TV				
Streaming Services				
Bundle Discount	-			
Total				
ENTERTAINMENT	HOBBIES			
1.				
2.				
3.				
Total				

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Spouse's Occupation: Pilot			
Number of Children: None			
IN	JCOME	1	
Monthly Net			\$3,752
Spouse's Monthly I	Net		\$6,125
	Tot	al	\$9,877
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
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.			

Occupation: Real Estate Agent

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$400
Credit Cards	\$280
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	

H	OME		
Home Option:			
Payment (Principal/Inte	erest)		
Taxes, Insurance & P			
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY	LIVIN	١G	
(If child is under 1-year, do no	t include in f	family size.)	
Dining Out (Select 1)			
Incidentals (1 or More))		
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More)		
Personal Care (1 or Mo	ore)		
	Total		

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS				
Communications Option:				
Cell Service				
Internet				
Cable TV				
Streaming Services				
Bundle Discount	-			
Total				
ENTERTAINMENT	HOBBIES			
1.				
2.				
3.				
Total				

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Name:			
Occupation: Recreational Therapist			
Spouse's Occupatio	^{n:} Air Fo	rce	
Number of Children	(2 years	old)	
IN	ICOME		
Monthly Net		\$3,612	
Spouse's Monthly	Net	\$1,680	
	Tot	al \$5,292	
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	OF RE	ALITY	
Unexpected Expens	e -		
Unexpected Income	e +		
	Total		
Notos			
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$250
Credit Cards	\$95
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
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	
Housing Reimbursement	- \$1,500
(*private mortgage insurance) Total	
DAILY LIVIN	JG
(If child is under 1-year, do not include in f	amily size.)
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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	Skip
Coverage (can be divided by 12)	Table
Co-Pay	-
Prescriptions	You
Vitamins	Have
No Insurance	100%
	Medical
Total	Coverage
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALANCE List totals from each category below Income + Additional Cash + **Income Subtotal** Savings -Debts and Loans -Family Life -Home -Daily Living -Transportation -Health -Communications -Entertainment/Hobbies -**Expenses Subtotal** Wheel of Reality + or -Total Under Budget + **Over Budget -**

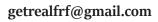


Ivanc.				
Occupation: Regio	Occupation: Regional Planner			
Spouse's Occupation	^{n:} Accou	nta	ant	
Number of Children	(10 mon	ths	s old)	
IN	ICOME			
Monthly Net			\$3,533	
Spouse's Monthly	Net		\$3,611	
	Tot	al	\$7,143	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	OF RE	ΞA	LITY	
Unexpected Expens	e -			
Unexpected Income	e +			
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$280
Credit Cards	\$260
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
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	
(*private mortgage insurance) Total	
DAILY LIVIN	١G
(If child is under 1-year, do not include in f	family size.)
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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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Restaurant Manager			
Spouse's Occupatio	^{n:} Marine	е	
Number of Children	2- Brandon & Karen (3		months old) ars old)
IN	JCOME		
Monthly Net			\$3,795
Spouse's Monthly	Net		\$1,680
	Tota	al	\$5,475
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	Ά	LITY
Unexpected Expens	se -		
Unexpected Income	e +		
	Total		
		_	
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$130
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	'E
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
	Έ
(If child is under 1-year, must do 1-3)	Έ
(If child is under 1-year, must do 1-3) Groceries (Select 1)	`Е
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	È
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	`Е
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional)	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	Ъ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	Ъ

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
Housing Reimbursement	- \$1,500
(*private mortgage insurance) Total	
DAILY LIVIN	١G
(If child is under 1-year, do not include in)	family size.)
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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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	Skip
Coverage (can be divided by 12)	Table
Co-Pay	-
Prescriptions	You
Vitamins	Have
No Insurance	100%
	Medical
Total	Coverage
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALANCE		
List totals from each cate	egory below	
Income +		
Additional Cash +		
Income Subtotal		
Savings -		
Debts and Loans -		
Family Life -		
Home -		
Daily Living -		
Transportation -		
Health -		
Communications -		
Entertainment/Hobbies -		
Expenses Subtotal		
Wheel of Reality + or -		
Total		
Under Budget +		
Over Budget -		



Name:			
Occupation: Retail Sales Associate			
Spouse's Occupation: Web Developer			
Number of Children: 2- Keanu (2 years old) & Olina (3 months old)			
IN	ICOME		
Monthly Net		\$2,477	
Spouse's Monthly	Net	\$4,804	
	Total \$7,281		
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	L OF REA	LITY	
Unexpected Expens	e -		
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$50
Personal Loan (Monthly Amount)	
Total	
SAVINGS)
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tot	
DAILY LIV	/ING
(If child is under 1-year, do not include	e in family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Democral Cane (c. ar	
Personal Care (1 or More)	
Tot	.ai

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:		
Occupation: Secre	etary	
Spouse's Occupation	^{n:} Miner	
Number of Children	: 2- Aaron (3 n & Maxine (2	
IN	ICOME	
Monthly Net		\$2,638
Spouse's Monthly	Net	\$4,036
Total \$6,674		
Credit Score 700	+ or -	New Score
List table here		
WHEEI	L OF REA	LITY
Unexpected Expens	e -	
Unexpected Income	e +	
	Total	
Notes:		
1) Visit every table.		
2) Total expenses for		
3) Carry each total to back page final balance.		
 Meet with financia your budget. 	al advisor to 1	review

ADDITIONAL C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$230
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
m - t - 1	
Total	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	

НО	ME		
Home Option:			
Payment (Principal/Inter	est)		
Taxes, Insurance & PM	II*		
Rent			
Renter's Insurance			
Electricity & Heat			
Water & Trash			
Furniture			
Home Decor			
(*private mortgage insurance)	Total		
DAILY	LIVIN	١G	
(If child is under 1-year, do not	include in f	amily size.)	
Dining Out (Select 1)			
Incidentals (1 or More)			
Clothing (Select 1)			
Outwear (Select 1)			
Accessories (1 or More)			
Personal Care (1 or Mor	e)		
	Total		

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Social Worker				
Spouse's Occupatio	^{n:} Persor	nal	Trainer	
Number of Children: 2- Nicholas (2 years old) & Kelsey (4 years old)				
IN	JCOME	I		
Monthly Net			\$3,875	
Spouse's Monthly	Net		\$3,801	
	Tot	al	\$7,676	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	OF RE	EA	LITY	
Unexpected Expens	e -			
Unexpected Income	e +			
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$250
Credit Cards	\$360
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	'E
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Total	
DAILY LIVIN	١G
(If child is under 1-year, do not include in f	amily size.)
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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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: State Trooper				
Spouse's Occupation: Homemaker				
Number of Children: 2- Wesley (5 months old) & Gabrielle (2 years old)				
IN	JCOME	1		
Monthly Net			\$4,827	
Spouse's Monthly	Net		\$O	
	Tot	al	\$4,827	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	OF RE	EA	LITY	
Unexpected Expens	e -			
Unexpected Income	e +			
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$175
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Total FAMILY LIF	`E
	'E Not required
FAMILY LIF	
FAMILY LIF (If child is under 1-year, must do 1-3)	
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	
FAMILY LIP(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcare	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	

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

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Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



				_	
Name:					
				Pa	a
Occupation: Stock	k Broker			Pe	e
					-
Spouse's Occupation	^{n:} N/A				_
	-				
Number of Children	: None			St	tı
IN	JCOME				_
Monthly Net			\$4,104	Pe	
Spouse's Monthly I	Net		N/A		-
			14/11		
	Tot	al	\$4,104		
Credit Score 700	+ or -		New Score		
List table here	+ 01 -			Sa	_
List table here				R	-
				╎└	(
List table here					
List table here					
WHEEI	OF RI	EA	LITY	(If	° c
Unexpected Expens	e -			G	r
Unexpected Income	e +				1
				1 -	2
	Total			i	
					-
Notes:				A	d
1) Visit every table.					e
2) Total expenses for	· each secti	on.			
3) Carry each total to			nal balance.		
4) Meet with financia					
your budget.		.010			
Jour duaget					

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$250
Credit Cards	\$200
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
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	
(*private mortgage insurance) Tota	L
DAILY LIVE	NG
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
	ļ
	ļ
Tota	L



Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Taxi Driver			
Spouse's Occupation: Teacher			
Number of Children	: 1- Leilan	ni (2 years old)
IN	ICOME		
Monthly Net			\$2,413
Spouse's Monthly	Net		\$3,687
	Tot	al	\$6,100
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$50
Credit Cards	\$100
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
1	
Total	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Teac	her		
Spouse's Occupatio	^{n:} Linem	an	L
Number of Children	2- James (& David (1		nonths old) ar old)
IN	JCOME	1	
Monthly Net			\$3,687
Spouse's Monthly	Net		\$3,968
	Tot	al	\$7,655
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	se -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to			
4) Meet with financia your budget.	al advisor t	o re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$400
Credit Cards	\$130
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	Ъ

HOM	/IE
Home Option:	
Payment (Principal/Interes	st)
Taxes, Insurance & PMI	*
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance)	Fotal
DAILY L	IVING
(If child is under 1-year, do not inc	clude in family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
7	Гotal

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



er		
<i>n:</i> Persona	ıl C	Care Aide
a: 1- Lucas (6 montl	hs (old)
NCOME		
		\$2,100
Net		\$2,174
Tot	al	\$4,273
+ or -		New Score
L OF RE	A	LITY
se -		
e +		
Total		
	_	
al advisor to	o re	eview
	1 - Lucas (6 month Net Net Tot + or -	n: Personal C 1 - Lucas (6 months of Net Net Total + or - L OF REA se - e +

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$330
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tota	L
DAILY LIVE	NG
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
	ļ
	ļ
	-
Tota	L

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Travel Agent			
Spouse's Occupation: Journeyman			
Number of Children	: 1- Carley (11 mon		old)
IN	JCOME	1	
Monthly Net			\$3,019
Spouse's Monthly	Net		\$3,613
	Tot	al	\$6,631
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
4) Meet with financiaty your budget.	al advisor t	o re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$180
Personal Loan (Monthly Amount)	
Total	
SAVINGS	}
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Iotai	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	` Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	Έ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcare	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Ъ
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)Charity (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ

HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tota	
DAILY LIVI	ING
(If child is under 1-year, do not include in	n family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
	_
Personal Care (1 or More)	_
	 _1
Tota	LI



Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICAT	IONS
Communications Option:	
Cell Service	
Internet	
Cable TV	
Streaming Services	
Bundle Discount	-
Total	
ENTERTAINMENT	HOBBIES
1.	
2.	
3.	
Total	

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Truck Driver			
Spouse's Occupation: Crime Scene Investigator			
Number of Children	: 1- Melar (2 years	-	1)
IN	ICOME		
Monthly Net			\$3,587
Spouse's Monthly	Net		\$4,097
	Total \$7,676		
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	EA	LITY
Unexpected Expens	e -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$180
Credit Cards	\$480
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	E
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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НО	ME	
Tome Option:		
Payment (Principal/Inter	est)	
Гахеs, Insurance & PM	II*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
[*] private mortgage insurance)	Total	
DAILY	LIVIN	١G
If child is under 1-year, do not	include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or Mor	e)	
	Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Occupation: Vet Assistant				
Spouse's Occupation: Car Salesman				
Number of Children	Number of Children: 1- Tessa (3 years old)			
IN	ICOME			
Monthly Net			\$2,438	
Spouse's Monthly	Net		\$3,598	
	Total \$6,035			
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEEI	L OF RE	EA	LITY	
Unexpected Expense -				
Unexpected Income	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.				
your budget.				

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$360
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Total FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È.
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	'Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes	'Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	`Е
FAMILY LIF (<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	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)	È

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

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	FINAL BALANCE		
List totals from each cat	egory below		
Income +			
Additional Cash +			
Income Subtotal			
Savings -			
Debts and Loans -			
Family Life -			
Home -			
Daily Living -			
Transportation -			
Health -			
Communications -			
Entertainment/Hobbies -			
Expenses Subtotal			
Wheel of Reality + or -			
Total			
Under Budget +			
Over Budget -			



Name:			
Occupation: Waiter/Waitress			
Spouse's Occupatio	Spouse's Occupation: Construction		
Number of Children	: 1- Tala (4 n	nonths old)
IN	JCOME		
Monthly Net			\$1,789
Spouse's Monthly	Net		\$3,908
	Tot		A- C- -
Creadit Casera - a a	Total \$5,697		
Credit Score 700 List table here	+ or -		New Score
List table here			
List table here			
List table here			
WHEEL OF REALITY			
Unexpected Expens			
Unexpected Income	e +		
Total			
Total			
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	
Credit Cards	\$180
Personal Loan (Monthly Amount)	
Total	
SAVINGS	}
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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H	OME	
Home Option:		
Payment (Principal/Int	erest)	
Taxes, Insurance & P	MI*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	JG
(If child is under 1-year, do no	t include in f	amily size.)
Dining Out (Select 1)		
Incidentals (1 or More))	
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)	
Personal Care (1 or Mo	ore)	
	Total	



Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Waste Treatment Operator			
Spouse's Occupatio	^{n:} Phlebo	tomist	
Number of Children	÷ 1- Harley	(2 years old)	
IN	ICOME		
Monthly Net		\$3,476	
Spouse's Monthly	Net	\$2,389	
	Tota	d \$5,865	
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	OF RE	ALITY	
Unexpected Expens	Unexpected Expense -		
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financial advisor to review your budget. 			

ADDITIONAL C	ASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$105
Credit Cards	\$65
Personal Loan (Monthly Amount)	
Total	
SAVINGS	}
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tota	L
DAILY LIVE	NG
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Tota	l

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Water Treatment Operator			
Spouse's Occupatio	^{n:} Medical	Records	
Number of Children	2- Jordan (9 & Jasmine (3		
IN	ICOME		
Monthly Net		\$3,702	
Spouse's Monthly	Net	\$4,344	
	Total	\$8,046	
Credit Score 700	+ or -	New Score	
List table here			
WHEEI	OF REA	LITY	
Unexpected Expens	Unexpected Expense -		
Unexpected Income	e +		
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 LO	DANS	
Student Loans	\$120	
Credit Cards	\$95	
Personal Loan (Monthly Amount)		
Total		
SAVINGS		
Savings (Emergency Fund)		
Retirement/Investments		
(Compound Interest)		
Total		
FAMILY LIF	Έ	
(If child is under 1-year, must do 1-3)		
Groceries (Select 1)		
1. Formula or Nursing		
2. Diapers		
3. Baby Wipes		
Childcare		
Additional Accessories		
Pets (Optional)		
Church (Optional)		
Charity (Optional)		
Total		
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Total	
DAILY LIVI	NG
(If child is under 1-year, do not include in	family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Total	

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Spouse's Occupation: Highway Maintenance			
Number of Children	Number of Children: 2- Peter (2 months old) & Stacy (2 years old)		
IN	JCOME		,
Monthly Net			\$4,804
Spouse's Monthly I	Net		\$2,269
	Tot	al	\$7,072
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	EA	LITY
Unexpected Expens	Unexpected Expense -		
Unexpected Income	e +		
	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 LO	DANS	
Student Loans	\$230	
Credit Cards	\$360	
Personal Loan (Monthly Amount)		
Total		
SAVINGS		
Savings (Emergency Fund)		
Retirement/Investments		
(Compound Interest)		
Total		
FAMILY LIF	Έ	
(If child is under 1-year, must do 1-3)		
Groceries (Select 1)		
1. Formula or Nursing		
2. Diapers		
3. Baby Wipes		
Childcare		
Additional Accessories		
Pets (Optional)		
Church (Optional)		
Charity (Optional)		
Total		
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НС	ME	
Home Option:		
Payment (Principal/Inte	rest)	
Taxes, Insurance & PI	MI*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	IG
(If child is under 1-year, do not		
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or Mo	re)	
	Total	

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Name:

Occupation: Web Developer

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Welder			
Spouse's Occupation: Deaf Interpreter			
Number of Children	2- Kimberly (4 & Ben (2 year)		
IN	NCOME		
Monthly Net		\$3,172	
Spouse's Monthly	Net	\$2,461	
	Total \$5,632		
Credit Score 700	+ or -	New Score	
List table here			
WHEE	OF REA	LITY	
Unexpected Expens	se -		
Unexpected Income	e +		
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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$80
Credit Cards	\$130
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	
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HOME	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) Tota	վ
DAILY LIV	ING
(If child is under 1-year, do not include i	n family size.)
Dining Out (Select 1)	
Incidentals (1 or More)	
Clothing (Select 1)	
Outwear (Select 1)	
Accessories (1 or More)	
Personal Care (1 or More)	
Tota	ul

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Name:			
Occupation: Write	er		
Spouse's Occupation	^{n:} Social	W	orker
Number of Children	: 2- Alejandı & Reyna (3	o (ye	6 months old) ars old)
IN	JCOME		
Monthly Net			\$3,744
Spouse's Monthly	Net		\$3,875
	Tota	al	\$7,618
Credit Score 700	+ or -		New Score
List table here			
WHEEI	OF RE	A	LITY
Unexpected Expens	e -		
Unexpected Income	: +		
Total			
		_	
Notes:			
1) Visit every table.			
2) Total expenses for each section.			
3) Carry each total to back page final balance.			
 Meet with financia your budget. 	al advisor to	o re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$85
Credit Cards	\$145
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Iotui	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	È.
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	`Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	`Е
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	È
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers 3. Baby Wipes Childcare	`E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	E
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È

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

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS		
Communications Option:		
Cell Service		
Internet		
Cable TV		
Streaming Services		
Bundle Discount	-	
Total		
ENTERTAINMENT	HOBBIES	
1.		
2.		
3.		
Total		

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Spouse's Occupation: Counselor			
Number of Children: 2- Elizabeth (1 year old) & Amelia (1 month old)			
IN	JCOME	1	
Monthly Net			\$2,728
Spouse's Monthly	Net		\$2,629
	Tot	al	\$5,357
Credit Score 700	+ or -		New Score
List table here			
WHEEL OF REALITY			
Unexpected Expens	Unexpected Expense -		
Unexpected Income	e +		
	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 C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$350
Credit Cards	\$50
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
FAMILY LIF	Έ
(If child is under 1-year, must do 1-3)	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
Total	

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

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Name:

Occupation: Youth Pastor

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	



Occupation: Zoo]	Keeper		
Spouse's Occupatio	^{n:} Biolog	gist	ţ
Number of Children	2- Michae & Lily (2 y		months old) s old)
IN	ICOME	1	
Monthly Net			\$2,896
Spouse's Monthly	Net		\$4,940
	Tot	al	\$7,835
Credit Score 700	+ or -		New Score
List table here			
WHEEI	L OF RE	ΞA	LITY
Unexpected Expens	se -		
Unexpected Income	e +		
	Total		
Notes:			
1) Visit every table.			
2) Total expenses for			
3) Carry each total to	o back page	e fir	nal balance.
 Meet with financi your budget. 	al advisor t	:0 re	eview

ADDITIONAL C	CASH
Part-time Job	
Personal Loan (Full Amount)	
Total	
DEBTS AND LO	DANS
Student Loans	\$325
Credit Cards	\$120
Personal Loan (Monthly Amount)	
Total	
SAVINGS	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
Total	
Total FAMILY LIF	Έ
	Έ
FAMILY LIF	E
FAMILY LIF (If child is under 1-year, must do 1-3)	Ъ
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1)	'Е
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`E
FAMILY LIF (If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing 2. Diapers	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcare	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional Accessories	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby WipesChildcareAdditional AccessoriesPets (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	È
FAMILY LIF(If child is under 1-year, must do 1-3)Groceries (Select 1)1. Formula or Nursing2. Diapers3. Baby Wipes3. Baby WipesChildcareAdditional AccessoriesPets (Optional)Church (Optional)	Έ

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

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Name:

Vehicle(s):	
Monthly Payment (Car 1)	
Monthly Payment (Car 2)	
Car Insurance (Car 1 &/or Car 2)	
Gas	
Other Transportation	
Repairs	
Total	
HEALTH	
Premium (Single or Family)	
Deductible (can be divided by 12)	
Coverage (can be divided by 12)	
Co-Pay	
Prescriptions	
Vitamins	
No Insurance	
Total	
Notes:	

COMMUNICATIONS			
Communications Option:			
Cell Service			
Internet			
Cable TV			
Streaming Services			
Bundle Discount	-		
Total			
ENTERTAINMENT	HOBBIES		
1.			
2.			
3.			
Total			

FINAL BALA	NCE
List totals from each cat	egory below
Income +	
Additional Cash +	
Income Subtotal	
Savings -	
Debts and Loans -	
Family Life -	
Home -	
Daily Living -	
Transportation -	
Health -	
Communications -	
Entertainment/Hobbies -	
Expenses Subtotal	
Wheel of Reality + or -	
Total	
Under Budget +	
Over Budget -	

