## **BUDGET WORKSHEET**

Occupation: Acco	untant		
Spouse's Occupatio	<sup>n:</sup> Hairst	yli	st
Number of Children	2-Mark (1 & Sarah (3		
IN	NCOME	1	
Monthly Net			
Spouse's Monthly	Net		\$2,026
	Tot	al	\$5,637
Credit Score 700	+ or -		New Score
List table here			
WHEE	L OF RE	EA	LITY
Unexpected Expense -			
Unexpected Income	e +		
Total			
Notes:			
1) Visit every table.			
2) Total expenses for	r each secti	on.	
3) Carry each total t	o back page	e fir	nal balance.
<ol> <li>Meet with financi your budget.</li> </ol>	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	
FAMILY LIF	Έ
<b>FAMILY LIF</b> (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)	Έ
(If child is under 1-year, must do 1-3) Groceries (Select 1) 1. Formula or Nursing	`Е
(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	
(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	
Home Option:	
Payment (Principal/Interest)	
Taxes, Insurance & PMI*	
Rent	
Renter's Insurance	
Electricity & Heat	
Water & Trash	
Furniture	
Home Decor	
(*private mortgage insurance) <b>Tota</b>	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:

## **BUDGET WORKSHEET**

## 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)	
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	<b>HOBBIES</b>			
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 -	

