## **BUDGET WORKSHEET**

Name:		ADDITIONAL CASH		HOME	
			Part-time Job		Home Option:
Occupation: Anim	nal Caretak	er	Personal Loan (Full Amount)		Payment (Principal/Interest)
					Taxes, Insurance & PMI*
Spouse's Occupation: Electrician		Tota	1	Rent	
Number of Children: 1- Aubrey (1 year old)		DEBTS AND I	LOANS	Renter's Insurance	
			Student Loans		Electricity & Heat
INCOME			Credit Cards	\$270	Water & Trash
Monthly Net		\$2,658	Personal Loan (Monthly Amount)		Furniture
Spouse's Monthly Net \$		\$3,072			Home Decor
			Tota	ป	
	Total	\$5,730	SAVING	S	(*private mortgage insurance) <b>Total</b>
Credit Score 700	+ or -	New Score	Savings (Emergency Fund)		DAILY LIVING
List table here			Retirement/Investments		(If child is under 1-year, do not include in family si
List table here			(Compound Interest)		Dining Out (Select 1)
List table here			Tota	તી	Incidentals (1 or More)
List table here			FAMILY LI	FE	
WHEE	OF REA	LITY	(If child is under 1-year, must do 1-3)		
Unexpected Expens	se -		Groceries (Select 1)		Clothing (Select 1)
Unexpected Income +			1. Formula or Nursing		Outwear (Select 1)
			2. Diapers		Accessories (1 or More)
	Total		3. Baby Wipes		
			Childcare		
Notes:			Additional Accessories		
1) Visit every table.			Pets (Optional)		Personal Care (1 or More)
2) Total expenses for each section.			Church (Optional)		
3) Carry each total to back page final balance.			Charity (Optional)		
4) Meet with financia				1	
your budget.			Tota	1	Total





## **BUDGET WORKSHEET**

AUTOMOTIVE	COMMUNICATIONS	FINAL BALANCE
Vehicle(s):	Communications Option:	List totals from each category below
Monthly Payment (Car 1)	Cell Service	Income +
Monthly Payment (Car 2)	Internet	
Car Insurance (Car 1 &/or Car 2)	Cable TV	Additional Cash +
Gas	Streaming Services	Income Subtotal
Other Transportation	Bundle Discount -	Savings -
Repairs		Debts and Loans -
Total	Total	Family Life -
HEALTH	ENTERTAINMENT/HOBBIES	Home -
Premium (Single or Family)	1.	Daily Living -
Deductible (can be divided by 12)	2.	
Coverage (can be divided by 12)	3.	Transportation -
Co-Pay		Health -
Prescriptions		Communications -
Vitamins		
No Insurance		Entertainment/Hobbies -
		Expenses Subtotal
Total	Total	
NY - 4		Mark and of Donlike a ser
Notes:		Wheel of Reality + or -
		Total
		Under Budget +
		Over Budget -