BUDGET WORKSHEET

Name:				
Occupation: Army				
Spouse's Occupation: Cosmetologist				
Number of Children: 2- Hayden (5 months old) & Brooklyn (3 years old)				
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				
WHEEL OF REALITY				
Unexpected Expens				
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	
IUtal	
FAMILY LIF	Έ
	Έ
FAMILY LIF	Έ
FAMILY LIF (If child is under 1-year, must do 1-3)	`E
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	`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 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)	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	
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 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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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)	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 BALA	NCE	
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 -		

