

# BUDGET WORKSHEET

<b>Name:</b>		
<b>Occupation:</b> Bakery Clerk		
<b>Spouse's Occupation:</b> Janitor		
<b>Number of Children:</b> None		
<b>INCOME</b>		
Monthly Net	\$2,253	
Spouse's Monthly Net	\$2,193	
<b>Total</b>		\$4,446
Credit Score 700	+ or -	New Score
List table here		
List table here		
List table here		
List table here		
<b>WHEEL OF REALITY</b>		
Unexpected Expense	-	
Unexpected Income	+	
<b>Total</b>		
<b>Notes:</b>		
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.		

<b>ADDITIONAL CASH</b>	
Part-time Job	
Personal Loan (Full Amount)	
<b>Total</b>	
<b>DEBTS AND LOANS</b>	
Student Loans	
Credit Cards	\$185
Personal Loan (Monthly Amount)	
<b>Total</b>	
<b>SAVINGS</b>	
Savings (Emergency Fund)	
Retirement/Investments	
(Compound Interest)	
<b>Total</b>	
<b>FAMILY LIFE</b>	
<i>(If child is under 1-year, must do 1-3)</i>	
Groceries (Select 1)	
1. Formula or Nursing	
2. Diapers	
3. Baby Wipes	
Childcare	
Additional Accessories	
Pets (Optional)	
Church (Optional)	
Charity (Optional)	
<b>Total</b>	

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

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