BUDGET WORKSHEET

Name:			
Occupation: Bartender			
Spouse's Occupation: Floral Designer			
Number of Children: 1- Elizabeth (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			
WHEEI	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.			
 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	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)	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	`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	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	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 Nursing 2. Diapers 3. Baby Wipes Childcare Additional Accessories Pets (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 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	
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)	
Demonsel Come (come s	1
Personal Care (1 or More)	
Tota	
10ta	L [

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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)	
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 -			

