BUDGET WORKSHEET

-				
INCOME				
Monthly Net		\$2,480		
Spouse's Monthly	Spouse's Monthly Net		N/A	
	Tot	al	\$2,480	
Credit Score 700	+ or -		New Score	
List table here				
List table here				
List table here				
List table here				
WHEE	OF RE	EA	LITY	
Unexpected Expense -				
Unexpected Income	e +			
	Total			
Notes:				
1) Visit every table.				
2) Total expenses for				
3) Carry each total to	o back page	e fir	nal balance.	
 Meet with financial advisor to review your budget. 				
your budget.				

Occupation: Certified Nurses Assistant

Spouse's Occupation: N/A

Number of Children:

ADDITIONAL CASH		
Part-time Job		
Personal Loan (Full Amount)		
Total		
DEBTS AND LO	DANS	
Student Loans	\$70	
Credit Cards	\$130	
Personal Loan (Monthly Amount)		
Total		
SAVINGS		
Savings (Emergency Fund)		
Retirement/Investments		
(Compound Interest)		
Total		
FAMILY LIF	Έ	
(If child is under 1-year, must do 1-3)		
Groceries (Select 1)		
1. Formula or Nursing		
2. Diapers		
2. Diapers 3. Baby Wipes		
-		
3. Baby Wipes		
3. Baby Wipes Childcare		
3. Baby Wipes Childcare Additional Accessories		
3. Baby Wipes Childcare Additional Accessories Pets (Optional)		
3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional) Charity (Optional)		
3. Baby Wipes Childcare Additional Accessories Pets (Optional) Church (Optional)		

HO	ME	
Home Option:		
Payment (Principal/Inter	rest)	
Taxes, Insurance & PN	/II*	
Rent		
Renter's Insurance		
Electricity & Heat		
Water & Trash		
Furniture		
Home Decor		
(*private mortgage insurance)	Total	
DAILY	LIVIN	IG
(If child is under 1-year, do not	include in fa	mily size.)
Dining Out (Select 1)		
Incidentals (1 or More)		
Clothing (Select 1)		
Outwear (Select 1)		
Accessories (1 or More)		
Personal Care (1 or Mor	re)	
	Total	

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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	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 -			

