## **BUDGET WORKSHEET**

Name:		ADDITIONAL CASH		HOME	
			Part-time Job		Home Option:
Occupation: Computer Systems Analyst		Personal Loan (Full Amount)		Payment (Principal/Interest)	
					Taxes, Insurance & PMI*
Spouse's Occupation: Nurse (RN)			Total	l	Rent
Number of Children: 1- Sarah (8 months old)		DEBTS AND L	OANS	Renter's Insurance	
			Student Loans	\$500	Electricity & Heat
INCOME		Credit Cards	\$300	Water & Trash	
Monthly Net		\$5,755	Personal Loan (Monthly Amount)		Furniture
Spouse's Monthly Net		\$5,490			Home Decor
			Tota	1	
	Total	\$11,245	SAVING	S	(*private mortgage insurance) <b>To</b>
Credit Score 700	+ or -	New Score	Savings (Emergency Fund)		DAILY LIV
List table here			Retirement/Investments		(If child is under 1-year, do not includ
List table here			(Compound Interest)		Dining Out (Select 1)
List table here			Tota	1	Incidentals (1 or More)
List table here			FAMILY LI	FE	
WHEEI	OF REA	LITY	(If child is under 1-year, must do 1-3)		1
Unexpected Expense -			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		<u> </u>
			Childcare		<b>-</b>
Notes:		Additional Accessories		T L	
1) Visit every table.			Pets (Optional)		Personal Care (1 or More)
2) Total expenses for each section.			Church (Optional)		T
3) Carry each total to back page final balance.			Charity (Optional)		
4) Meet with financia	al advisor to r	eview	-		1
your budget.		Total	[	To	

HUME						
Home Option:						
Payment (Principal/Interest)						
Taxes, Insurance & PMI*						
Rent						
Renter's Insurance						
Electricity & Heat						
Water & Trash						
Furniture						
Home Decor						
(*private mortgage insurance) <b>Total</b>						
DAILY LIVIN	1G					
(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)						
Personal Care (1 or More)						
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 -	