BUDGET WORKSHEET

| Name: | | | ADDITIONAL CASH | | HOME |
|---|--------|----------------------|---|---------------------|--|
| | | | Part-time Job | | Home Option: |
| ^{Occupation:} Crime Scene Investigator | | | Personal Loan (Full Amount) | | Payment (Principal/Interest) |
| | | | | | Taxes, Insurance & PMI* |
| Spouse's Occupation: Truck Driver | | | Tota | 1 | Rent |
| Number of Children: 1- Melanie | | | DEBTS AND LOANS | | Renter's Insurance |
| (2 years old) | | | Student Loans | \$180 | Electricity & Heat |
| INCOME | | | Credit Cards | \$480 | Water & Trash |
| Monthly Net | | \$4,097 | Personal Loan (Monthly Amount) | | Furniture |
| Spouse's Monthly Net | | \$3,578 | | | Home Decor |
| | | | Tota | ıl | |
| | Total | \$7,676 | SAVING | S | (*private mortgage insurance) Total |
| Credit Score 700 | + or - | New Score | Savings (Emergency Fund) | | DAILY LIVING |
| List table here | | | Retirement/Investments | | (If child is under 1-year, do not include in family size.) |
| List table here | | | (Compound Interest) | | Dining Out (Select 1) |
| List table here | | | Tota | ıl | Incidentals (1 or More) |
| List table here | | | FAMILY LI | FE | |
| WHEEL OF REALITY | | | (If child is under 1-year, must do 1-3) | | |
| 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 | | | |
| | | | Childcare | | |
| Notes: | | | Additional Accessories | | |
| 1) Visit every table. | | | Pets (Optional) | | Personal Care (1 or More) |
| 2) Total expenses for each section. | | | Church (Optional) | | |
| 3) Carry each total to back page final balance. | | | Charity (Optional) | | |
| 4) Meet with financial advisor to review | | | - | | |
| your budget. | | | Tota | 1 | 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 | |
| Notes: | | Wheel of Reality + or - |
| | | · |
| | | |
| | | Total |
| | | |
| | | Under Budget + |
| | | Over Budget - |