BUDGET WORKSHEET

Name:			ADDITIONAL CASH		HOME	
			Part-time Job		Home Option:	
Occupation: EMT			Personal Loan (Full Amount)		Payment (Principal/Interest)	
Snoveria Occupation					Taxes, Insurance & PMI*	
Spouse's Occupation: Physical Therapist			Tot	al	Rent	
Number of Children: 2- Connor (3 years old) & Robin (6 months old)			DEBTS AND LOANS		Renter's Insurance	
			Student Loans	\$300	Electricity & Heat	
INCOME			Credit Cards	\$150	Water & Trash	
Monthly Net		\$2,595	Personal Loan (Monthly Amour	nt)	Furniture	
Spouse's Monthly Net		\$5,252			Home Decor	
			Tot	tal		
Total \$7,847			SAVINGS		(*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			Tot	tal	Incidentals (1 or More)	
List table here			FAMILY I	JFE		
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 financi	al advisor to	review				
your budget.			Tot	al	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 -	