BUDGET WORKSHEET

Name:	Name:		ADDITIONAL	CASH	HOME	
			Part-time Job	Home Option:		
^{Occupation:} Homemaker			Personal Loan (Full Amount)		Payment (Principal/Interest)	
Spouge's Occupation.					Taxes, Insurance & PMI*	
Spouse's Occupation: Drilling Engineer			Total		Rent	
Number of Children: 2- Nick (10 months old)			DEBTS AND LOANS		Renter's Insurance	
& Colton (2 years old)			Student Loans	\$250	Electricity & Heat	
INCOME			Credit Cards	\$160	Water & Trash	
Monthly Net		\$O	Personal Loan (Monthly Amount)		Furniture	
Spouse's Monthly Net		\$5,721			Home Decor	
			Tota	1		
	Total	\$5,721	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 s	ize.)
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)	None required		
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 financia	al advisor to r	eview				
your budget.			Total		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 -