## **BUDGET WORKSHEET**

Name:			ADDITIONAL CASH		HOME	HOME	
			Part-time Job		Home Option:		
<sup>Occupation:</sup> Interior Designer			Personal Loan (Full Amount)		Payment (Principal/Interest)		
					Taxes, Insurance & PMI*		
Spouse's Occupation: Freight Handler			Tota	1	Rent		
Number of Children: None			DEBTS AND I	LOANS	Renter's Insurance		
			Student Loans	\$75	Electricity & Heat		
INCOME			Credit Cards	\$30	Water & Trash		
Monthly Net		\$3,423	Personal Loan (Monthly Amount)		Furniture		
Spouse's Monthly Net		\$2,371			Home Decor		
			Tota	ป			
	Total	\$5,794	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	j size.)	
List table here			(Compound Interest)		Dining Out (Select 1)		
List table here			Tota	վ	Incidentals (1 or More)		
List table here			FAMILY LI	FE		,	
WHEE	L OF REA	LITY	(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		1		
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 r	eview					
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		
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Notes:		Wheel of Reality + or -	
		Total	
		Under Budget +	
		Over Budget -	