BUDGET WORKSHEET

Name:		ADDITIONAL CASH		HOME		
			Part-time Job		Home Option:	
Occupation: Licensed Practical Nurse		Personal Loan (Full Amour	nt)	Payment (Principal/Interest)		
Granda Cannation					Taxes, Insurance & PMI*	
Spouse's Occupation: Teller				otal	Rent	
Number of Children: None		DEBTS ANI	D LOANS	Renter's Insurance		
		Student Loans	\$250	Electricity & Heat		
INCOME			Credit Cards		Water & Trash	
Monthly Net		\$3,855	Personal Loan (Monthly Amo	ount)	Furniture	
Spouse's Monthly	Spouse's Monthly Net				Home Decor	
			Т	otal		
Total \$5,954		SAVINGS		(*private mortgage insurance) Total		
Credit Score 700	+ or -	New Score	Savings (Emergency Fund)		DAILY LIVIN	
List table here			Retirement/Investments	3	(If child is under 1-year, do not include in far	
List table here			(Compound Interest)		Dining Out (Select 1)	
List table here			Т	otal	Incidentals (1 or More)	
List table here			FAMILY	LIFE		
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)	
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						
your budget.			To	otal	Total	

HOME						
Home Option:						
Payment (Principal/Interest)						
Taxes, Insurance & PMI*						
Rent						
Renter's Insurance						
Electricity & Heat						
Water & Trash						
Furniture						
Home Decor						
(*private mortgage insurance) Total						
DAILY LIVIN	lG					
(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	
Notes:		Wheel of Reality + or -
		Total
		Under Budget +
		Over Budget -