

BUDGET WORKSHEET

| | |
|---------------------------------------------------|--|
| Name: | |
| Occupation: Lifeguard | |
| Spouse's Occupation: Massage Therapist | |
| Number of Children: 1- Alana (3 years old) | |

| INCOME | | |
|------------------------|--------|----------------|
| Monthly Net | | \$2,476 |
| Spouse's Monthly Net | | \$3,369 |
| | | |
| Total | | \$4,474 |
| Credit Score 700 | + or - | New Score |
| <i>List table here</i> | | |
| <i>List table here</i> | | |
| <i>List table here</i> | | |
| <i>List table here</i> | | |

| WHEEL OF REALITY | | |
|--------------------|---|--|
| Unexpected Expense | - | |
| Unexpected Income | + | |
| | | |
| Total | | |

- Notes:**
- 1) Visit every table.
 - 2) Total expenses for each section.
 - 3) Carry each total to back page final balance.
 - 4) Meet with financial advisor to review your budget.

| ADDITIONAL CASH | |
|-----------------------------|--|
| Part-time Job | |
| Personal Loan (Full Amount) | |
| | |
| Total | |

| DEBTS AND LOANS | |
|--------------------------------|------|
| Student Loans | \$60 |
| Credit Cards | \$45 |
| Personal Loan (Monthly Amount) | |
| | |
| Total | |

| SAVINGS | |
|--------------------------|--|
| Savings (Emergency Fund) | |
| Retirement/Investments | |
| (Compound Interest) | |
| | |
| Total | |

| FAMILY LIFE | |
|------------------------------------------------|--|
| <i>(If child is under 1-year, must do 1-3)</i> | |
| Groceries (Select 1) | |
| 1. Formula or Nursing | |
| 2. Diapers | |
| 3. Baby Wipes | |
| Childcare | |
| Additional Accessories | |
| Pets (Optional) | |
| Church (Optional) | |
| Charity (Optional) | |
| | |
| Total | |

| HOME | |
|--------------------------------------|--------------|
| Home Option: | |
| Payment (Principal/Interest) | |
| Taxes, Insurance & PMI* | |
| Rent | |
| Renter's Insurance | |
| Electricity & Heat | |
| Water & Trash | |
| Furniture | |
| Home Decor | |
| | |
| <i>(*private mortgage insurance)</i> | Total |

| DAILY LIVING | |
|-------------------------------------------------------------------|--|
| <i>(If child is under 1-year, do not include in family size.)</i> | |
| 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: | | <i>List totals from each category below</i> | |
| Monthly Payment (Car 1) | | Cell Service | | Income + | |
| Monthly Payment (Car 2) | | Internet | | Additional Cash + | |
| Car Insurance (Car 1 &/or Car 2) | | Cable TV | | Income Subtotal | |
| Gas | | Streaming Services | | Savings - | |
| Other Transportation | | Bundle Discount | - | Debts and Loans - | |
| Repairs | | | | Family Life - | |
| Total | | | | Home - | |
| HEALTH | | ENTERTAINMENT/HOBBIES | | Daily Living - | |
| Premium (Single or Family) | | 1. | | Transportation - | |
| Deductible (can be divided by 12) | | 2. | | Health - | |
| Coverage (can be divided by 12) | | 3. | | Communications - | |
| Co-Pay | | | | Entertainment/Hobbies - | |
| Prescriptions | | | | Expenses Subtotal | |
| Vitamins | | | | Wheel of Reality + or - | |
| No Insurance | | | | Total | |
| Total | | | | Under Budget + | |
| Notes: | | | | Over Budget - | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |