BUDGET WORKSHEET

Name:			ADDITIONAL CASH		HOME
			Part-time Job		Home Option:
Occupation: Mechanic			Personal Loan (Full Amount)		Payment (Principal/Interest)
Snoved Commetical					Taxes, Insurance & PMI*
Spouse's Occupation: Architect			Tota	al	Rent
Number of Children: 1- Hayden			DEBTS AND	LOANS	Renter's Insurance
(5 months old)			Student Loans	\$400	Electricity & Heat
INCOME			Credit Cards	\$460	Water & Trash
Monthly Net		\$3,777	Personal Loan (Monthly Amoun	t)	Furniture
Spouse's Monthly Net		\$4,284			Home Decor
			Tot	al	
Total \$8,061		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	al	Incidentals (1 or More)
List table here			FAMILY L	IFE	
WHEEL OF REALITY			(If child is under 1-year, must do 1-3)		
Unexpected Expens	se -		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	ial advisor to	review	-		
your budget.			Tota	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 -