## **BUDGET WORKSHEET**

Name:			ADDITIONAL CASH		HOME	HOME	
			Part-time Job		Home Option:	1101112	
Occupation: Medical Records		Personal Loan (Full Amount)		Payment (Principal/Interest)			
					Taxes, Insurance & PMI*		
Spouse's Occupation: Office Manager			Tota	1	Rent		
Number of Children: 3- Nathan (6 months old) Kristine (2 years old)			DEBTS AND I	LOANS	Renter's Insurance		
Kristine (2 years old)  & Tommy (4 years old)			Student Loans	\$480	Electricity & Heat		
INCOME			Credit Cards	\$100	Water & Trash		
Monthly Net \$4		\$4,344	Personal Loan (Monthly Amount	)	Furniture		
Spouse's Monthly Net		\$5,095			Home Decor		
			Tota	al			
<b>Total</b> \$9,439		SAVINGS		(*private mortgage insurance) <b>Total</b>			
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 fami	ly size.)	
List table here			(Compound Interest)		Dining Out (Select 1)		
List table here			Tota	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 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		7			
			Childcare		7		
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)		7		
4) Meet with financial advisor to review					7		
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		
NY - 4		Mark and of Donlike a ser	
Notes:		Wheel of Reality + or -	
		Total	
		Under Budget +	
		Over Budget -	