

BUDGET WORKSHEET

| | | |
|---|---------|----------------|
| Name: | | |
| Occupation: Meter Reader | | |
| Spouse's Occupation: Navy | | |
| Number of Children: None | | |
| INCOME | | |
| Monthly Net | \$3,050 | |
| Spouse's Monthly Net | \$1,680 | |
| Total | | \$4,731 |
| Credit Score 700 | + or - | New Score |
| List table here | | |
| List table here | | |
| List table here | | |
| List table here | | |
| 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. | | |

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| ADDITIONAL CASH | |
| Part-time Job | |
| Personal Loan (Full Amount) | |
| Total | |
| DEBTS AND LOANS | |
| Student Loans | |
| Credit Cards | |
| Personal Loan (Monthly Amount) | |
| Total | |
| SAVINGS | |
| Savings (Emergency Fund) | |
| Retirement/Investments | |
| (Compound Interest) | |
| Total | |
| FAMILY LIFE | |
| (If child is under 1-year, must do 1-3) | |
| 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 | |
| Housing Reimbursement | - \$1,500 |
| (*private mortgage insurance) | Total |
| DAILY LIVING | |
| (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: | | <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) | Skip | 2. | | Health - | |
| Coverage (can be divided by 12) | Table | 3. | | Communications - | |
| Co-Pay | - | | | Entertainment/Hobbies - | |
| Prescriptions | You | | | Expenses Subtotal | |
| Vitamins | Have | | | Wheel of Reality + or - | |
| No Insurance | 100% | | | | |
| | Medical | | | Total | |
| Total | Coverage | | Total | | |
| Notes: | | | | Under Budget + | |
| | | | | Over Budget - | |
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