## **BUDGET WORKSHEET**

Name:			ADDITIONAL CASH		HOME	
			Part-time Job		Home Option:	
Occupation: Navy			Personal Loan (Full Amount)		Payment (Principal/Interest)	
					Taxes, Insurance & PMI*	
Spouse's Occupation: Office Manager			Tota		Rent	
Number of Children: 1- Avery (2 years old)			DEBTS AND	LOANS	Renter's Insurance	
			Student Loans		Electricity & Heat	
INCOME			Credit Cards	\$200	Water & Trash	
Monthly Net		\$1,680	Personal Loan (Monthly Amoun	t)	Furniture	
Spouse's Monthly Net \$5,095		\$5,095			Home Decor	
			Tot	al	Housing Reimbursement	- \$1,500
<b>Total</b> \$6,775		SAVINGS		(*private mortgage insurance) <b>Total</b>		
Credit Score 700	+ or -	New Score	Savings (Emergency Fund)		DAILY LIVIN	VG
List table here			Retirement/Investments		(If child is under 1-year, do not include in f	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 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				
			Childcare			
Notes:			Additional Accessories			
1) Visit every table.			Pets (Optional)		Personal Care (1 or More)	
2) Total expenses for each section.			Church (Optional)		<b> </b>	
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		Additional Cash +	
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)	Skip	2.			
Coverage (can be divided by 12)	Table	3.		Transportation -	
Co-Pay	-			Health -	
Prescriptions	You			Communications -	
Vitamins	Have				
No Insurance	100%			Entertainment/Hobbies -	
	Medical			Expenses Subtotal	
Total	Coverage	Total			
Notes:				Wheel of Reality + <b>or</b> -	
				Total	
				Under Budget +	
				Over Budget -	