## **BUDGET WORKSHEET**

Name:			ADDITIONAL CASH		HOME	HOME	
			Part-time Job		Home Option:	Home Option:	
Occupation: Recreational Therapist			Personal Loan (Full Amount)		Payment (Principal/Interest)		
					Taxes, Insurance & PMI*		
Spouse's Occupation: Air Force			Tota		Rent		
Number of Children: 1- Brianna			DEBTS AND	LOANS	Renter's Insurance		
(2 years old)			Student Loans	\$250	Electricity & Heat		
INCOME			Credit Cards	\$95	Water & Trash		
Monthly Net		\$3,612	Personal Loan (Monthly Amount	t)	Furniture		
Spouse's Monthly Net \$1,686		\$1,680			Home Decor		
			Tot	al	Housing Reimbursement	- \$1,500	
<b>Total</b> \$5,292		SAVINGS		(*private mortgage insurance) <b>Total</b>			
Credit Score 700	+ or -	New Score	Savings (Emergency Fund)		DAILY LIVIN	<b>IG</b>	
List table here			Retirement/Investments		(If child is under 1-year, do not include in fa	amily 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)				
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**

AUTOMOTIVI	E	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)	Skip	2.		
Coverage (can be divided by 12)	Table	3.	Transportation -	
Co-Pay	-		Health -	
Prescriptions	You		Communications -	
Vitamins	Have		Entertainment/Hebbies	
No Insurance	100%		Entertainment/Hobbies -	
	Medical		Expenses Subtotal	
Total	Coverage	Total	-	
Notes:			Wheel of Reality + or -	
			Total	
			Under Budget +	
			Over Budget -	