## **BUDGET WORKSHEET**

| Name:  |   |           |  |
|--|---|-----------|--|
| Occupation: Welder   |   |           |  |
| Spouse's Occupation: Deaf Interpreter                                      |   |           |  |
| Number of Children   | Number of Children: 2- Kimberly (4 months old)<br>& Ben (2 years old) |           |  |
| IN   | ICOME   |           |  |
| Monthly Net  |   | \$3,172   |  |
| Spouse's Monthly   | Net   | \$2,461   |  |
|  |   |           |  |
|  | Total   | \$5,632   |  |
| Credit Score 700   | + or -  | New Score |  |
| List table here  |   |           |  |
| WHEEL OF REALITY   |   |           |  |
| Unexpected Expens  | e -   |           |  |
| Unexpected Income  | e +   |           |  |
|  |   |           |  |
| Total  |   |           |  |
|  |   |           |  |
| Notes:   |   |           |  |
| 1) Visit every table.  |   |           |  |
| 2) Total expenses for each section.  |   |           |  |
| 3) Carry each total to back page final balance.                            |   |           |  |
| <ol> <li>Meet with financial advisor to review<br/>your budget.</li> </ol> |   |           |  |

| ADDITIONAL C                            | CASH  |
|---|-------|
| Part-time Job                           |       |
| Personal Loan (Full Amount)             |       |
|   |       |
| Total                                   |       |
| DEBTS AND LO                            | DANS  |
| Student Loans                           | \$80  |
| Credit Cards                            | \$130 |
| Personal Loan (Monthly Amount)          |       |
|   |       |
| Total                                   |       |
| SAVINGS                                 |       |
| Savings (Emergency Fund)                |       |
| Retirement/Investments                  |       |
| (Compound Interest)                     |       |
| Total                                   |       |
| FAMILY LIF                              | Έ     |
| (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                                     |               |
|  |               |
| (*private mortgage insurance) <b>Total</b>     |               |
| DAILY LIVIN                                    | ١G            |
| (If child is under 1-year, do not include in f | 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  |               |

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## **BUDGET WORKSHEET**

## AUTOMOTIVE

| Vehicle(s):                       |  |
|-----------------------------------|--|
| Monthly Payment (Car 1)           |  |
| Monthly Payment (Car 2)           |  |
| Car Insurance (Car 1 &/or Car 2)  |  |
| Gas                               |  |
| Other Transportation              |  |
| Repairs                           |  |
|                                   |  |
| Total                             |  |
| HEALTH                            |  |
| Premium (Single or Family)        |  |
| Deductible (can be divided by 12) |  |
| Coverage (can be divided by 12)   |  |
| Co-Pay                            |  |
| Prescriptions                     |  |
| Vitamins                          |  |
| No Insurance                      |  |
|                                   |  |
| Total                             |  |
|                                   |  |
| Notes:                            |  |
|                                   |  |
|                                   |  |
|                                   |  |
|                                   |  |
|                                   |  |
|                                   |  |
|                                   |  |

| COMMUNICATIONS         |                |  |  |
|------------------------|----------------|--|--|
| Communications Option: |                |  |  |
| Cell Service           |                |  |  |
| Internet               |                |  |  |
| Cable TV               |                |  |  |
| Streaming Services     |                |  |  |
| Bundle Discount        | -              |  |  |
|                        |                |  |  |
|                        |                |  |  |
| Total                  |                |  |  |
| ENTERTAINMENT          | <b>HOBBIES</b> |  |  |
| 1.                     |                |  |  |
| 2.                     |                |  |  |
| 3.                     |                |  |  |
|                        |                |  |  |
|                        |                |  |  |
|                        |                |  |  |
|                        |                |  |  |
|                        |                |  |  |
| Total                  |                |  |  |
|                        |                |  |  |
|                        |                |  |  |
|                        |                |  |  |
|                        |                |  |  |
|                        |                |  |  |
|                        |                |  |  |
|                        |                |  |  |
|                        |                |  |  |
|                        |                |  |  |

| FINAL BALA                | NCE                                  |  |  |
|---------------------------|--------------------------------------|--|--|
| List totals from each cat | List totals from each category below |  |  |
| Income +                  |                                      |  |  |
| Additional Cash +         |                                      |  |  |
| Income Subtotal           |                                      |  |  |
| Savings -                 |                                      |  |  |
| Debts and Loans -         |                                      |  |  |
| Family Life -             |                                      |  |  |
| Home -                    |                                      |  |  |
| Daily Living -            |                                      |  |  |
| Transportation -          |                                      |  |  |
| Health -                  |                                      |  |  |
| Communications -          |                                      |  |  |
| Entertainment/Hobbies -   |                                      |  |  |
| Expenses Subtotal         |                                      |  |  |
|                           |                                      |  |  |
| Wheel of Reality + or -   |                                      |  |  |
|                           |                                      |  |  |
| Total                     |                                      |  |  |
|                           |                                      |  |  |
| Under Budget +            |                                      |  |  |
| Over Budget -             |                                      |  |  |

