BUDGET WORKSHEET

| Name: | | |
|---|--------|-----------|
| Occupation: Personal Care Aide | | |
| Spouse's Occupation: Teller | | |
| Number of Children: 1- Lucas (6 months old) | | |
| Credit Score 700 | + or - | New Score |
| List table here | | |
| SA | VINGS | |
| Savings (Debit) | | |
| Retirement/Investr | nents | |
| | | |
| | Total | |
| | COME | |
| Monthly Net | | \$1,554 |
| Spouse's Monthly N | et | \$1,590 |
| | | \$3,144 |
| •• | Total | \$3,144 |
| Notes: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| ADDITIONAL C | CASH |
|---|-------|
| Part-time Job | |
| Personal Loan (Full Amount) | |
| | |
| Total | |
| DEBTS AND LO | DANS |
| Student Loans | |
| Credit Cards | \$330 |
| Personal Loan (Monthly Amount) | |
| | |
| Total | |
| FAMILYLIF | Έ |
| (If child is unde <mark>r 1-year,</mark> 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 | |
| Rent | |
| Renter's Insurance | |
| Electricity & Heat | |
| W <mark>ate</mark> r & Trash | |
| Furniture | |
| Home Decor | |
| | |
| Total | |
| DAILY LIVI | NG |
| (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) | |
| | |
| | |
| m- / - 1 | |
| Total | |

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BUDGET WORKSHEET

TRANSPORTATION

| IKANSPUKIAI | IUN |
|-----------------------------------|-----|
| Vehicle(s): | |
| Monthly Payment (Car 1) | |
| Monthly Payment (Car 2) | |
| Car Insurance (Car 1 &/or Car 2) | |
| Gas | |
| Other Transportation | |
| Repairs | |
| | |
| Tota | L |
| 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: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| COMMUNICAT | IONS |
|-----------------------|---------|
| Plan Option: | |
| Monthly Payment | |
| Cell Service Upgrades | |
| Land Line Upgrades | |
| Internet Upgrades | |
| Cable TV Upgrades | |
| Additional Equipment | |
| | |
| Total | |
| ENTERTAINMENT | HOBBIES |
| 1. | |
| 2. | |
| 3. | |
| | |
| | |
| | |
| | |
| | |
| Total | |
| | |
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| | |

| WHEEL OF RE | ALITY | |
|--------------------------------------|-------|--|
| Unexpected Expense - | | |
| Unexpected Income + | | |
| | | |
| Total | | |
| | | |
| FINAL BALA | NCE | |
| 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 - | | |
| | | |

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