



# Household Budgeting Worksheet

Complete this worksheet by entering all of your monthly expenses for the following line items. Total each category and add all categories together to calculate your monthly expenses.

## Housing/Utilities

Rent/mortgage	\$	_____
Heating	\$	_____
Electricity	\$	_____
Water/sewage	\$	_____
Renter/homeowner insurance (if not included in mortgage)	\$	_____
Trash service	\$	_____
Telephone and cell phone	\$	_____
Home maintenance	\$	_____
Cleaning supplies	\$	_____
<b>TOTAL</b>	\$	_____

## Transportation

Gas	\$	_____
Car payment(s)	\$	_____
Car insurance	\$	_____
Car inspection	\$	_____
Car repairs and maintenance	\$	_____
Car registration	\$	_____
Public transportation or taxi	\$	_____
Parking and tolls	\$	_____
<b>TOTAL</b>	\$	_____

## Insurance (if not payroll deducted)

Health	\$	_____
Life	\$	_____
Disability	\$	_____
<b>TOTAL</b>	\$	_____

## Food

Groceries	\$	_____
School lunches	\$	_____
Work-related (lunch/snacks)	\$	_____
<b>TOTAL</b>	\$	_____

## Medical

Doctor visits	\$	_____
Dental	\$	_____
Prescriptions	\$	_____
<b>TOTAL</b>	\$	_____

## Childcare

Daycare	\$	_____
Babysitter/nanny	\$	_____
Child support/alimony	\$	_____
<b>TOTAL</b>	\$	_____

## Donations

Religious or charity	\$	_____
<b>TOTAL</b>	\$	_____

## Education

Tuition	\$	_____
Books and supplies	\$	_____
Newspapers and magazines	\$	_____
<b>TOTAL</b>	\$	_____

## Personal

Barber/salon services	\$	_____
Toiletries	\$	_____
Children's allowances	\$	_____
Tobacco products	\$	_____
Beer, wine, or liquor	\$	_____
Clothing	\$	_____
Laundry/dry cleaning	\$	_____
<b>TOTAL</b>	\$	_____

## Entertainment

Sporting events, concerts, etc.	\$	_____
Movies/video rentals	\$	_____
Restaurants/take-out	\$	_____
Internet service	\$	_____
Cable/satellite TV	\$	_____
Gambling/lottery tickets	\$	_____
Fitness/social clubs	\$	_____
Vacation/travel	\$	_____
Hobbies	\$	_____
<b>TOTAL</b>	\$	_____

## Debts

Student loan	\$	_____
Credit card	\$	_____
Medical bills	\$	_____
Personal loan	\$	_____
<b>TOTAL</b>	\$	_____

## Savings

Emergency fund	\$	_____
Down payment fund	\$	_____
<b>TOTAL</b>	\$	_____

## Gifts

Birthdays	\$	_____
Major holidays	\$	_____
<b>TOTAL</b>	\$	_____

<b>Total Monthly Expenses</b>	\$	_____
<b>- Net Income</b>	\$	_____
<b>= Cash Flow</b>	\$	_____
<b>(disposable/deficit)</b>		

*Lilias*

## Net Worth Worksheet

Complete each category by entering a value for assets and subtracting any liabilities. The difference will be your net worth.

ASSETS	VALUE
<b>PERSONAL POSSESSIONS</b>	
Cash	
Money in checking	
Market value of home	
Market value of vacation home	
Market value of any businesses	
Furniture	
Art, antiques, & collectibles	
Jewelry	
Resale value of car 1	
Resale value of car 2	
Boats or other recreational vehicles	
Other:	
<b>SAVINGS AND INVESTMENTS</b>	
Money in savings accounts	
Money in emergency fund	
Certificates of deposit (CDs)	
Money market accounts	
Annuities	
Cash value of life insurance	
Stocks	
Bonds	
Mutual funds	
Real estate	
Other:	
<b>RETIREMENT SAVINGS</b>	
Employee pension	
401K or 403B accounts	
IRA accounts	
Keough accounts	
Other:	
<b>TOTAL ASSETS</b>	<b>=</b>

LIABILITIES	BALANCE
<b>DEBTS</b>	
Mortgage	
Vacation home mortgage	
Home equity loan	
Car loan 1	
Car loan 2	
Credit card 1	
Credit card 2	
Credit card 3	
Student loans	
Bank loans	
Private loans (friends and family)	
Cash advances	
Medical bills	
Taxes owed	
Alimony/child support owed	
Other debt 1	
Other debt 2	
<b>TOTAL LIABILITIES</b>	<b>=</b>
<b>TOTAL ASSETS</b>	
<b>TOTAL LIABILITIES</b>	<b>-</b>
<b>TOTAL NET WORTH</b>	<b>=</b>

## Bill Paying Worksheet

This worksheet is to help you get organized when paying bills. Take a moment and fill in all your bills that are due within different dates. This worksheet will help you remember what and when bills are due.

### Due Dates - 1st to 7th

Bills To Pay	Due Date	Payment	Bills To Pay	Due Date	Payment
1. _____	_____	\$ _____	6. _____	_____	\$ _____
2. _____	_____	\$ _____	7. _____	_____	\$ _____
3. _____	_____	\$ _____	8. _____	_____	\$ _____
4. _____	_____	\$ _____	9. _____	_____	\$ _____
5. _____	_____	\$ _____	10. _____	_____	\$ _____

### Due Dates - 8th to 14th

Bills To Pay	Due Date	Payment	Bills To Pay	Due Date	Payment
1. _____	_____	\$ _____	6. _____	_____	\$ _____
2. _____	_____	\$ _____	7. _____	_____	\$ _____
3. _____	_____	\$ _____	8. _____	_____	\$ _____
4. _____	_____	\$ _____	9. _____	_____	\$ _____
5. _____	_____	\$ _____	10. _____	_____	\$ _____

### Due Dates - 15th to 21st

Bills To Pay	Due Date	Payment	Bills To Pay	Due Date	Payment
1. _____	_____	\$ _____	6. _____	_____	\$ _____
2. _____	_____	\$ _____	7. _____	_____	\$ _____
3. _____	_____	\$ _____	8. _____	_____	\$ _____
4. _____	_____	\$ _____	9. _____	_____	\$ _____
5. _____	_____	\$ _____	10. _____	_____	\$ _____

### Due Dates - 22nd to 31st

Bills To Pay	Due Date	Payment	Bills To Pay	Due Date	Payment
1. _____	_____	\$ _____	6. _____	_____	\$ _____
2. _____	_____	\$ _____	7. _____	_____	\$ _____
3. _____	_____	\$ _____	8. _____	_____	\$ _____
4. _____	_____	\$ _____	9. _____	_____	\$ _____
5. _____	_____	\$ _____	10. _____	_____	\$ _____

## Debt-to-Income Ratio Calculator

Use this worksheet to calculate your debt-to-income ratio. Fill in your monthly take home income and all your monthly debt payments. Then use the calculation key to determine your ratio.

Monthly Take-Home Income			
	You	Spouse	Total
Salary/Wages			
Social Security			
Military Pay			
Pension/Retirement Income			
Bank and Investment Interest			
Alimony			
Rental Income			
Unemployment			
Food Stamps			
Royalties			
Business Income			
Other			
Other			
Other			
<b>Total Income</b>			

Outstanding Monthly Debt Payments			
	You	Spouse	Total
Credit Card Pmts			
Student Loans			
Car Payments			
Recreational Vehicle/ Boat Payments			
Bank/Credit Union/ Loan Payments			
Med/Dental Bills			
Computer/Electronic Bill Payments			
Other Credit Loans or Accounts			
Other			
Other			
<b>Total Monthly Pmts</b>			

Calculation Key	
Monthly Debt Payment	
(divided by)	/
Monthly Income	
(equals)	=
Debt-to-Income Ratio	

### How do you measure up for the creditors?

Less than 10%	Great Shape
10 - 20%	Good Credit Risk
20 - 35%	Questionable Risk
35% and higher	High Risk

# Financial Community Guidelines

Calculate and compare your spending to the financial community guidelines.

## Compare your spending to the financial community guidelines

### Housing 35%

Mortgage or rent, taxes, repairs, improvements, insurance, and utilities

### Transportation 20%

Monthly payments, gas, oil, repairs, insurance, parking, and public transportation

### Debt 5%

Credit cards, personal loans, student loans, and other debt payments

### All other expenses 20%

Food, insurance, prescriptions, doctor & dentist bills, clothing, and personal

### Investments & Savings 20%

Stocks, bonds, cash reserves, savings accounts, retirement funds, etc.

\*To calculate the recommended expenditure for each category, multiply the recommended percentages by your gross income. For example, if your gross income is \$3,000.00 and the recommended allowance for housing is 35%, multiply \$3,000.00 by .35. The recommended housing expenditure should not exceed \$1,050.00 per month.

\*To calculate your true monthly budget expenditure for each category, divide your monthly expense by your gross income, and multiply that by 100. For example, if your housing expense is \$1,200.00, divide by \$3,000.00, and multiply by 100. You are spending 40% of the recommended expenditure on housing.

Budgeted Expense	Recommended	Recommended Expense (gross income x recommended %)	Actual Expense	Budget Percentage (expense/income) x 100	Explanation
Housing	35%	\$	\$	%	
Transportation	20%	\$	\$	%	
Debt Payments	5%	\$	\$	%	
All Other	20%	\$	\$	%	
Savings	20%	\$	\$	%	

## Assessing Your Creditworthiness Using the Five C's of Credit

Use this worksheet to rate yourself on each of the five C's of credit using the following scale. (1=unacceptable, 2=needs work, 3=good, 4=excellent)

Based on your assessment, identify goals for improving your creditworthiness.

	Score	Notes
<b>Capacity</b> <ul style="list-style-type: none"> <li>Wage, salary, and other income sufficient to make payments</li> <li>Affordable current monthly payment obligations</li> </ul>		
<b>Capital</b> <ul style="list-style-type: none"> <li>Positive net worth, appropriate for life-cycle stage</li> </ul>		
<b>Collateral</b> <ul style="list-style-type: none"> <li>Valuable assets in addition to income (checking, savings, investment accounts)</li> <li>Adequate collateral for loan (if applicable)</li> </ul>		
<b>Character</b> <ul style="list-style-type: none"> <li>Previous experience with credit</li> <li>Past credit history indicates a good attitude towards paying debts</li> <li>No history of bankruptcy</li> <li>Stable employment and residency</li> </ul>		
<b>Conditions</b> <ul style="list-style-type: none"> <li>Job and employer security</li> <li>General economic conditions are favorable</li> </ul>		

### Plan for improving creditworthiness

- 1.
- 2.
- 3.
- 4.
- 5.

**ASSETS / LIABILITIES**

**House / Property**

(including Investment Real Estate)

	Property 1	Property 2	Property 3
Description			
Ownership			
Real Estate Tax (annual)			
<b>MORTGAGE INFORMATION:</b>			
Loan Start Date			
Original Loan Amount			
Interest Rate			
Loan Duration			
Monthly Payment (principal + interest)			
Current Market Value of Property			
Outstanding Loan Balance			
Rental Income (if applicable)			
Rental Expenses (if applicable)			

**Other Liabilities** (auto loans, credit cards, lines of credit, education loans)

	Liability 1	Liability 2	Liability 3	Liability 4
Description				
Ownership				
Loan Start Date				
Original Loan Amount				
Interest Rate				
Loan Duration				
Payment Amount				
Outstanding Loan Balance				

**Non-Qualified Assets\*** (Bank accounts, investments and non-qualified annuities)

Name	Ownership	Market Value	Cost Basis	Annual Contributions	Statement Attached?
Checking					
Savings / MM / CDs					



**Qualified Assets\*** (Qualified retirement plans, IRAs, qualified annuities)

Institution/ Account Name	Ownership	Market Value	Annual Contributions	Annual Employer Contributions (if applicable)	Beneficiaries	Statement Attached?

\*Please also provide account statements with asset allocation information.

**Monthly Income\***

	Client	Co-Client	Joint
Wages, salary, tips			
Cash dividends			
Interest received			
Social Security income			
Pension income			
Rents, royalties			
Annuities			
Business income			
Other income			
<b>Sub-total</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>Total Monthly Income</b>			<b>\$ 0</b>

**Tax Brackets**

	Marginal Tax Rate	Effective Tax Rate
Federal		
State		

\*Separate sheet attached with itemized expenses?  Yes  No

Do you expect a significant change in your income during the next two years?

Do you want or expect to make changes to your current spending and savings strategies?

**Personal Use Assets** (e.g. Autos, homes, furnishings, jewelry, collectibles, etc.)

Name	Ownership	Market Value

**Education Funds** (529 Plans or UTMA's)

Name	Owner	Donor	Beneficiary	Market Value	Annual Contributions

**Business Entities** (attach separate sheet if multiple)

Name:	
Type (LLC, Partnership, S Corp, C Corp)	
Ownership	
Purchase Date	
Purchase Amount	
Market Value	
Liability	
Growth Rate	
Buy/Sell Agreement	Yes No

**Stock Options** (attach statement with vesting schedule)

	Grant #1	Grant #2	Grant #3
Underlying Stock			
ISO or Non-Qualified			
Owner			
Exercise Price			
Grant Date			
Expiration Date			
# Shares			

**EDUCATION GOALS**

Student	Start Age	Number of Years	Annual Cost	Cost Increase (%)	Existing Assets

**MAJOR PURCHASES** (cars, vacations, 2<sup>nd</sup> home, remodel, etc.)

Description	Start Year	Number of Years	Amount Needed	Existing Assets

# INSURANCE

*What is your primary goal for your life insurance policies?*

*How did you arrive at the amount of life insurance you have?*

<b>Life Insurance</b>	<b>Policy 1</b>	<b>Policy 2</b>	<b>Policy 3</b>	<b>Policy 4</b>	<b>Policy 5</b>
Company					
Type (e.g. term, universal)					
Effective Date					
Insured					
Policy Owner					
Beneficiary					
Contingent Beneficiary					
Death Benefit					
Annual Premium					
Cash Surrender Value					
Loan					
Statement Attached?					

*Has anyone in your family experienced a long term care need?*

*How would it affect your family's lifestyle if you became disabled or injured?*

<b>Disability Insurance</b>	<b>Policy 1</b>	<b>Policy 2</b>	<b>Policy 3</b>
Description (group LTD, group STD, individual DI)			
Effective Date			
Insured			
Monthly Benefit			
Taxable (yes / no)			
Index Rate for Benefit Amount			
Elimination Period			
Benefit Period			
Annual Premium			