

# Confidential Budget Workbook



## Foundation Financial & Insurance

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### **Introduction to Budgeting Essentials:**

Begin by introducing the significance of budgeting and its role in achieving financial stability. Emphasize the importance of proactive financial planning to avoid potential challenges and ensure a secure financial future. Capture the reader's attention by underlining the impact of effective budgeting on overall financial well-being.

### **Critical Elements of a Successful Budget:**

Detail the key components essential for constructing a successful budget. This may encompass defining financial goals, categorizing and tracking expenses, creating a realistic savings plan, and understanding the significance of an emergency fund. Highlight the need for regular assessments and adjustments to the budget to accommodate changes in income, expenses, and financial goals.

### **Accessing Budgeting Resources and Support:**

Provide information on resources and tools available to aid in the budgeting process. Mention reputable budgeting apps, financial advisors, and online platforms offering budget calculators and educational materials. Encourage readers to leverage these resources to develop personalized budgeting strategies. Include contact details or links for additional information and support in refining their budgeting skills.

Take the next step in your retirement planning journey – reach out to us for valuable guidance and information.

All information provided is kept strictly confidential.

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_ State: \_\_\_\_\_

Household			
Description	Monthly Amount	Start Date	End Date
Mortgage Principal & Interest	\$	___/___	<input type="checkbox"/> Life or ___/___
Real Estate Taxes	\$	___/___	<input type="checkbox"/> Life or ___/___
Homeowners Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Home Equity Loan	\$	___/___	<input type="checkbox"/> Life or ___/___
Association Dues	\$	___/___	<input type="checkbox"/> Life or ___/___
Rent	\$	___/___	<input type="checkbox"/> Life or ___/___
Renters Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Utilities – Gas – Electric	\$	___/___	<input type="checkbox"/> Life or ___/___
Water – Sewer	\$	___/___	<input type="checkbox"/> Life or ___/___
Cable – Phone – Internet	\$	___/___	<input type="checkbox"/> Life or ___/___
Maintenance & Improvement	\$	___/___	<input type="checkbox"/> Life or ___/___
House Cleaning	\$	___/___	<input type="checkbox"/> Life or ___/___

Daily Living			
Description	Monthly Amount	Start Date	End Date
Food	\$	___/___	<input type="checkbox"/> Life or ___/___
Dining Out	\$	___/___	<input type="checkbox"/> Life or ___/___
Clothing	\$	___/___	<input type="checkbox"/> Life or ___/___
Personal Care	\$	___/___	<input type="checkbox"/> Life or ___/___

Healthcare & Insurance			
Description	Monthly Amount	Start Date	End Date
Health Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Prescriptions	\$	___/___	<input type="checkbox"/> Life or ___/___
Life Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Long Term Care Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Disability Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Veterinarian	\$	___/___	<input type="checkbox"/> Life or ___/___

Transportation			
Description	Monthly Amount	Start Date	End Date
Auto Loans	\$	___/___	<input type="checkbox"/> Life or ___/___
Auto Insurance	\$	___/___	<input type="checkbox"/> Life or ___/___
Fuel	\$	___/___	<input type="checkbox"/> Life or ___/___
Repairs	\$	___/___	<input type="checkbox"/> Life or ___/___

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## Debt & Obligations

Description	Monthly Amount	Start Date	End Date
Credit Cards	\$ _____	___/___	<input type="checkbox"/> Life or ___/___
Tuition – Student Loans	\$ _____	___/___	<input type="checkbox"/> Life or ___/___
Alimony	\$ _____	___/___	<input type="checkbox"/> Life or ___/___
Child Support	\$ _____	___/___	<input type="checkbox"/> Life or ___/___

## Entertainment

Description	Monthly Amount	Start Date	End Date
Parties & Events	\$ _____	___/___	<input type="checkbox"/> Life or ___/___
Sports – Hobbies – Lessons	\$ _____	___/___	<input type="checkbox"/> Life or ___/___
Membership Dues	\$ _____	___/___	<input type="checkbox"/> Life or ___/___
Vacation & Travel	\$ _____	___/___	<input type="checkbox"/> Life or ___/___

## Miscellaneous

Description	Monthly Amount	Start Date	End Date
Charitable Donations	\$ _____	___/___	<input type="checkbox"/> Life or ___/___
Gifts	\$ _____	___/___	<input type="checkbox"/> Life or ___/___
Other	\$ _____	___/___	<input type="checkbox"/> Life or ___/___

Spouse Name: \_\_\_\_\_

DOB: \_\_\_\_\_

	Child Names	Age	In the home?
1.	_____	_____	Y / N
2.	_____	_____	Y / N
3.	_____	_____	Y / N
4.	_____	_____	Y / N
5.	_____	_____	Y / N
6.	_____	_____	Y / N

Monthly Spending Goal in Retirement: \$ \_\_\_\_\_

Include total monthly goal that includes all debts, expenses, luxuries, etc. This is your goal to live the same or better lifestyle in retirement.

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