

Monthly Budget

Client Name: _____ Date: _____

	Current Monthly	Sub Total
Tithe/Giving		_____
Savings & Investments		_____
Taxes	Federal Income Tax	_____
	State Income Tax	_____
	City Income Tax	_____
	Social Security / Medicare	_____
	Real Estate / Property Tax	_____
Rent / Mortgage	Monthly Payment	_____
	Insurance	_____
	Utilities, Phone, Cable	_____
	Maintenance	_____
Food	Dining Out	_____
	Groceries	_____
Auto	Fuel, Oil, & Repairs	_____
	Payments	_____
	Insurance/License	_____
Insurance	Life & Health	_____
	Other	_____
Debt		_____
Entertainment/ Recreation		_____
Clothing		_____
Medical Expenses	Doctor & Dentist	_____
	Prescriptions	_____
	Other	_____
Miscellaneous	Toiletries/Cosmetics	_____
	Laundry/Cleaning	_____
	Gifts	_____
	Tuition & Materials	_____
	Day Care	_____
Vacation / Travel	Air Fare / Hotels / Car Rental	_____
	Other	_____
Personal Allowance		_____
	Total Monthly Expenses	\$ _____
	Total Annual Expenses	\$ _____

Balance Sheet

Client Name: _____

Assets (estimated market value)

Asset Description	<u>Self</u>	<u>Spouse</u>	<u>Joint Asset</u>
Checking Account(s)			
Savings Account(s) <i>(emergency funds)</i>			
Certificate(s) of Deposit			
Investment Account(s)			
IRAs <i>Traditional</i>			
<i>Roth IRA</i>			
<i>SEP/SIMPLE/403b</i>			
401K / Pension(s)			
Annuities			
Residence (including R/E)			
Other Real-Estate			
Income Property			
Vehicles			
Other Personal Property			
Business Interests			
Prospective Inheritance			
Life Insurance (itemize below)			
Other Asset(s)			
Other Asset(s)			
Total Assets	\$	\$	\$

Liabilities

Notes and Mortgages Payable			
Consumer Loans			
Other Debts (Credit Cards)			
Total Liabilities	\$	\$	\$

Net Worth

\$ _____

Life Insurance Detail

Company	Insured	Beneficiary	Face Amount	Cash Value/Premium

Financial Goals

Giving Goals:

Would like to give _____% of my income

Would like to provide my heirs with the following:

Other giving goals:

Savings and Investing Goals:

Would like to save _____% of my income

Would like to make the following investments:

Investment	Amount

Other savings goals:

Debt Repayment Goals:

Would like to pay off the following debts first:

Creditor	Amount

Educational Goals:

Would like to fund the following education:

Person	School	Annual Cost	Total Cost

Lifestyle Goals:

Would like to make the following major purchases: (home, vehicle, travel, etc...)

Item	Amount