

Estimated Budget

MONTHLY INCOME

GROSS MONTHLY INCOME		<input style="width: 80px;" type="text"/>
Salary	_____	
Interest	_____	
Dividends	_____	
Other Income	_____	
LESS		
1. Tithe/Giving	_____	<input style="width: 80px;" type="text"/>
2. Taxes (Fed., State, FICA)	_____	<input style="width: 80px;" type="text"/>
NET SPENDABLE INCOME		<input style="width: 80px;" type="text"/>

MONTHLY LIVING EXPENSES

3. Housing		<input style="width: 80px;" type="text"/>
Mortgage/Rent	_____	
Insurance	_____	
Property Taxes	_____	
Electricity	_____	
Gas	_____	
Water	_____	
Sanitation	_____	
Telephone	_____	
Maintenance	_____	
Cable TV	_____	
Other	_____	
4. Food		<input style="width: 80px;" type="text"/>
5. Transportation		<input style="width: 80px;" type="text"/>
Payments	_____	
Gas & Oil	_____	
Insurance	_____	
License/Taxes	_____	
Maint./Repair/Replace	_____	
Other	_____	
6. Insurance		<input style="width: 80px;" type="text"/>
Life	_____	
Health	_____	
Other	_____	
7. Debts		<input style="width: 80px;" type="text"/>

(Except auto & house payment; see page 25.)

8. Entertainment/Recreation		<input style="width: 80px;" type="text"/>
Eating Out	_____	
Baby-sitters	_____	
Activities/Trips	_____	
Vacation	_____	
Pets	_____	
Other	_____	
9. Clothing		<input style="width: 80px;" type="text"/>
10. Savings		<input style="width: 80px;" type="text"/>
11. Medical Expenses		<input style="width: 80px;" type="text"/>
Doctor	_____	
Dentist	_____	
Prescriptions	_____	
Other	_____	
12. Miscellaneous		<input style="width: 80px;" type="text"/>
Toiletries/Cosmetics	_____	
Beauty/Barber	_____	
Laundry/Cleaning	_____	
Allowances	_____	
Subscriptions	_____	
Gifts (incl. Christmas)	_____	
Cash	_____	
Other	_____	
13. Investments		<input style="width: 80px;" type="text"/>
14. School/Child Care		<input style="width: 80px;" type="text"/>
Tuition	_____	
Materials	_____	
Transportation	_____	
Day Care	_____	
TOTAL LIVING EXPENSES		<input style="width: 80px;" type="text"/>
INCOME VS. LIVING EXPENSES		
NET SPENDABLE INCOME		<input style="width: 80px;" type="text"/>
LESS TOTAL LIVING EXPENSES		<input style="width: 80px;" type="text"/>
SURPLUS OR DEFICIT		<input style="width: 80px;" type="text"/>

ESTIMATED BUDGET

Personal Financial Statement

Date: _____

ASSETS (Present Market Value)

Cash on hand/Checking account	<input type="text"/>
Savings	<input type="text"/>
Stocks and bonds	<input type="text"/>
Cash value of life insurance	<input type="text"/>
Coins	<input type="text"/>
Home	<input type="text"/>
Other real estate	<input type="text"/>
Mortgages/Notes receivable	<input type="text"/>
Business valuation	<input type="text"/>
Automobiles	<input type="text"/>
Furniture	<input type="text"/>
Jewelry	<input type="text"/>
Other personal property	<input type="text"/>
Pension/Retirement	<input type="text"/>
Other Assets	<input type="text"/>

Total Assets:

LIABILITIES (Current amount owed)

Credit card debt	<input type="text"/>
Automobile loans	<input type="text"/>
Home mortgages	<input type="text"/>
Personal debt to relatives	<input type="text"/>
Business loans	<input type="text"/>
Educational loans	<input type="text"/>
Medical/Other past due bills	<input type="text"/>
Life insurance loans	<input type="text"/>
Bank loans	<input type="text"/>
Other debts and loans	<input type="text"/>

Total Liabilities:

NET WORTH (Total assets minus total liabilities)

P E R S O N A L F I N A N C I A L S T A T E M E N T