



Total Monthly Budget: \$ _____

Household	Monthly Amount
Mortgage Principal & Interest	\$
Real Estate Taxes	\$
Rent	\$
Insurance – Home/Rental	\$
Maintenance – Supplies	\$
Utilities – Electric/Gas	\$
Water – Sewer	\$
Cable – Phone – Internet	\$
House Cleaning	\$
Other	\$
Other	\$
Total	\$

Transportation	Monthly Amount
Auto Loans	\$
Auto Insurance	\$
Fuel	\$
Repairs	\$
Other	\$
Other	\$
Total	\$

Daily Living	Monthly Amount
Groceries	\$
Dining – Eating Out	\$
Clothing	\$
Salon – Massage – Manicure	\$
Other	\$
Other	\$
Total	\$

Health	Monthly Amount
Health Insurance	\$
Life Insurance	\$
LTC Insurance	\$
Disability Insurance	\$
Medicine – Drugs	\$
Veterinarian - Pet Care	\$
Gym Membership	\$
Other	\$
Total	\$

Entertainment	Monthly Amount
Home – Shows – Events	\$
Sports – Hobbies – Lessons	\$
Dues – Memberships	\$
Vacation – Travel	\$
Other	\$
Other	\$
Total	\$

Debts, Loans, and Savings	Monthly Amount
Credit Cards	\$
Student Loans	\$
Alimony - Child Support	\$
Savings	\$
Other	\$
Total	\$

Charity, Gifts	Monthly Amount
Charitable Donations	\$
Gifts	\$
Other	\$
Other	\$
Total	\$

The information provided in the analysis is an overview and may not be a complete depiction of your financial concerns or outlook.
35994 Client Initials _____ Client Initials _____ Agent Initials _____ Date _____