



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                         | \$             |

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

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

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

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