

Participant Name: _____ Date completed/updated: _____

We are about to create a budget. Do you want it to reflect just your own finances, or the finances of your whole household?
 (Note to participants: please make sure all of your answers stay consistent with your response to this question.)

_____ Budget reflects participant only

_____ Budget reflects whole household

MONTHLY INCOME

| | | | |
|---|-------|-------------------------------------|-------|
| Wages (after tax) | _____ | Worker's Compensation | _____ |
| Income from self-employment or business ownership | _____ | Veteran's Compensation | _____ |
| SSI/SSDI | _____ | Rental income | _____ |
| Food Stamps/WIC | _____ | Income from other household members | _____ |
| Other Public Benefits | _____ | Interest/Investment Income | _____ |
| Alimony/Child Support | _____ | Other Income | _____ |
| Unemployment | _____ | Total Monthly Income | _____ |

MONTHLY EXPENSES

| | | | |
|--|-------|---|-------|
| Rent, Taxes & Home Maintenance | | Health-Related | |
| Rent | _____ | If not deducted from paycheck, Health Insurance | _____ |
| Renter's Insurance | _____ | If not deducted from paycheck, Dental Insurance | _____ |
| Mortgage 1 - Primary Residence | _____ | Life Insurance (pro-rate if not paid monthly) | _____ |
| Mortgage 2, 3, etc. - Primary Residence (combined) | _____ | Monthly Medical & Prescription Bills | _____ |
| HELOC(s) - Primary Residence | _____ | Other | _____ |
| Real Estate - other than Primary Residence | _____ | Credit Card/Loan Payments | |
| Property tax | _____ | Revolving Credit Cards | _____ |
| Homeowner's Insurance | _____ | Student Loans | _____ |
| Home Maintenance | _____ | Consumer Loans - Active | _____ |
| Other | _____ | Informal Loans - family, friends, etc. | _____ |
| Utilities | | Business Loans | _____ |
| Gas/Heating | _____ | Food | |
| Electric | _____ | Groceries | _____ |
| Water | _____ | Other Food (dining out, school lunch, etc.) | _____ |
| Trash | _____ | Personal Expenses | |
| Sewer | _____ | Cable/Internet | _____ |
| Phone (landline) | _____ | Laundry/Dry Cleaning | _____ |
| Cell phone | _____ | Tobacco & Alcohol | _____ |
| Other (note: cable and internet go in Personal Expense) | _____ | Clothing & Accessories | _____ |
| Transportation | | Hair Products/Toiletries | _____ |
| Vehicle 1 Payment | _____ | Beauty Salon/Barber Shop | _____ |
| Vehicle 2 Payment | _____ | Recreation (movies, CD's, vacation, etc.) | _____ |
| Vehicle 3 Payment | _____ | Other | _____ |
| Gas | _____ | Miscellaneous Expenses | |
| Car Insurance | _____ | Charitable Giving | _____ |
| Car Maintenance | _____ | Gifts to Others | _____ |
| Public Transportation | _____ | Newspapers/Magazines | _____ |
| Other | _____ | Pet Care | _____ |
| Child/Dependent Related | | Allowances for Children/Dependents | _____ |
| Childcare/Daycare | _____ | Membership Dues (health club, licenses, etc.) | _____ |
| Child Support (paid) | _____ | Education (not student loan repayment) | _____ |
| Education (for children/dependents) - tuition, books, etc. | _____ | Financial Fees | _____ |
| Other | _____ | Other | _____ |
| | | Total Monthly Expenses | _____ |

MONTHLY NET INCOME

| | |
|---------------------------------|-------|
| Total Monthly Net Income | _____ |
| Monthly Savings Target | _____ |

Participant Name: _____ Date completed/updated: _____

We are about to create a balance sheet. Do you want it to reflect just your own finances, or the finances of your whole household?
 (Note to participants: please make sure all of your answers stay consistent with your response to this question.)

_____ Balance Sheet reflects participant only _____ Balance Sheet reflects whole household

ASSETS

- Checking Account(s) (total balance) _____
- Savings Account(s) (total balance) _____
- Cash - not in any type of account (total balance) _____
- Vehicle 1 (market value) _____
- Vehicle 2 (market value) _____
- Vehicle 3, 4, 5 etc. (combined market value) _____
- Primary Residence (market value) _____
- Real Estate - other than Primary Residence (market value) _____
- Other Investments/Assets - Stocks/Bonds/Mutual Funds/IRA/Retirement Accounts, etc. (total value) _____
- College Savings Account (529 or other) (total value) _____
- Business (estimated market value) _____
- TOTAL ASSETS** _____

LIABILITIES

- Housing**
- Mortgage(s) - Primary Residence (combined loan balance) _____
 - Home Equity Lines of Credit - Primary Residence (portion used) _____
 - Real Estate - other than Primary Residence (combined loan balance) _____
 - Total Housing** _____

- Transportation**
- Vehicle 1 (loan balance) _____
 - Vehicle 2 (loan balance) _____
 - Vehicle 3, Vehicle 4, etc.(combined loan balance) _____
 - Total Transportation** _____

- Credit Cards / Other Loan Balances**
- Credit Card(s) (combined account balances) _____
 - Student Loans(s) (total balance) _____
 - Consumer Loans(s) (total balance) _____
 - Business Loan(s) (total balance) _____
 - Informal Loan(s) - money owed to family, friends, etc. (total balance) _____
 - Total Credit Cards/Other Loan Balances** _____

- Unpaid Bills (not in collections)**
- Unpaid Utilities (total balance) _____
 - Unpaid Rent (total balance) _____
 - Unpaid Medical Bills (total balance) _____
 - Money owed to banks and/or credit unions, i.e. bank overdrafts, bounced checks (total balance) _____
 - Other (total balance) _____
 - Total Unpaid Bills (not in collections)** _____

- Collections/Judgments**
- Medical Collections only (total balance) All _____
 - Other Collections (total balance) _____
 - Child Support in Arrears (total balance) _____
 - Back Taxes Owed (total balance) _____
 - Other Public Records (not including Child Support Arrears and Back Taxes) _____
 - Total Collections/Judgments** _____

TOTAL LIABILITIES

NET WORTH

- Total Assets _____
- Total Liabilities _____
- TOTAL NET WORTH** _____