# Budget Worksheet

**a, where is your money going?**

Use this Budget Worksheet to get a handle on where you are currently spending your money and identify areas that you could cut in order to reduce your overall expenses.

| Housing | Current | Future |
|---|---|---|
| Rent | $ | $ |
| Home Phone | $ | $ |
| Mobile Phone | $ | $ |
| Cable / Satellite | $ | $ |
| Electricity / Gas | $ | $ |
| Water / Waste Mgmt. | $ | $ |
| Maintenance & Repair | $ | $ |
| Home Improvements | $ | $ |
| Household Help | $ | $ |
| Lawn Service | $ | $ |
| Association Dues | $ | $ |
| Other | $ | $ |
| Subtotal (a) | $ | |

| Family | | |
|---|---|---|
| Food & Grocery | $ | |
| Clothing | $ | |
| Medical / Dental / Prescriptions *(not covered by insurance)* | $ | |
| Laundry & Dry Cleaning | $ | $ |
| Child Care | $ | $ |
| Educational Expenses | $ | $ |
| Alimony / Child Support | $ | $ |
| Baby Sitters | $ | $ |
| Other | $ | $ |
| Subtotal (b) | $ | $ |

| Giving | | |
|---|---|---|
| Charitable | $ | $ |
| Non-Charitable | $ | $ |
| Gifts (birthday, holiday, etc.) | $ | $ |
| Other | $ | $ |
| Subtotal (c) | $ | $ |

| Transportation | | |
|---|---|---|
| Gas & Oil | $ | $ |
| Maintenance & Repairs | $ | $ |
| Other | $ | $ |
| Subtotal (d) | $ | $ |

| Leisure | Current | Future |
|---|---|---|
| Vacations | $ | $ |
| Hobbies | $ | $ |
| Club Memberships | $ | $ |
| Restaurants | $ | $ |
| Movie Theaters / Rentals | $ | $ |
| Entertainment | $ | $ |
| Books & Magazines | $ | $ |
| Other | $ | $ |
| Subtotal (e) | $ | $ |

| Debt Payments | | |
|---|---|---|
| Mortgage | $ | $ |
| Consumer Debts | $ | $ |
| Subtotal (f) | $ | $ |

| Insurance Premiums | | |
|---|---|---|
| Life Insurance | $ | $ |
| Auto Insurance | $ | $ |
| Homeowners Insurance *(includes PMI)* | $ | $ |
| Health Insurance | $ | $ |
| Long Term Care / Disability | $ | $ |
| Legal Protection | $ | $ |
| Subtotal (g) | $ | $ |

| Savings | | |
|---|---|---|
| Retirement | $ | $ |
| Non-Retirement | $ | $ |
| Education | $ | $ |
| Other Goals & Dreams | $ | $ |
| Emergency Fund | $ | $ |
| Subtotal (h) | | $ |

| Taxes | | |
|---|---|---|
| Income Taxes | $ | $ |
| Property Taxes | $ | $ |
| Subtotal (i) | $ | $ |

| | Current | Future* |
|---|---|---|
| **Total Monthly Income** | $ | $ |
| **Total Living Expenses –** (a + b + c + d + e) | $ | $ |
| **Total Other Expenses –** (f + g + h + i) | $ | $ |
| **Surplus / (Shortfall) =** | | |

*Assumed same as current if no future values entered.

# Primerica FNA Checklist

## My FNA appointment will be:

**Day______ Date___________Time______**

**With ________________________________**

**At Primerica, we believe that achieving the goal of financial independence is a Process that involves the cooperation and input of both partners. Therefore it is important that, if you are married, your spouse be present for this appointment.**

**In order to compute an accurate picture of your present financial position, please have as much of the following information available as possible:**

- **The two most recent pay stubs**
- **Savings investment & retirement account statements (IRAs, 401(k)s, 403(b)s, pensions, etc...)**
- **Life insurance policies & auto, home or renters insurance declaration pages**
- **Debt statements (home mortgage, installment & car loans, credit cards, etc.)**
- **Budget sheet of all expenses (utilities, cable, electric, food, restaurants, gym, gas, household, etc...)**

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