

Describe Your Current Financial Situation & Goals

Please describe your current financial situation...

Set goals...

Goals shape your spending plan. Therefore, the first step in every successful plan is to make a list of what you want and Be specific—What do you want?
 Set a deadline—When do you want it?
 Follow up the goal—How will you hold yourself accountable?

Short Term Goals (Up to 2 years)	Target Date
Medium Term Goals (3 to 5 Years)	Target Date
Long Term Goals (6 or more years)	Target Date

Keep a spending diary...

In order to reach your goals, you need to examine how you are currently spending your money. The best way to find out where your money goes is to track your expenses for at least one month. We suggest keeping a "Spending Diary." This entails recording

About You...

Yourself . . .				
NAME			ACCOUNT NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELLULAR PHONE	PAGER #	
EMAIL ADDRESS	DATE OF BIRTH	NUMBER OF DEPENDENTS	AGES OF DEPENDENTS	
NAME OF EMPLOYER		LENGTH OF EMPLOYMENT	JOB TITLE	
MONTHLY TAKE HOME PAY	DATE LAST PAID	FREQUENCY OF PAY	ADDITIONAL INCOME	SOURCE OF ADDITIONAL INCOME

Your partner . . .				
NAME			ACCOUNT NUMBER	
NAME OF EMPLOYER		LENGTH OF EMPLOYMENT	JOB TITLE	
MONTHLY TAKE HOME PAY	DATE LAST PAID	FREQUENCY OF PAY	ADDITIONAL INCOME	SOURCE OF ADDITIONAL INCOME

Your assets . . .				
<i>Total in savings accounts:</i>		<i>Automobile-</i>		
<i>Total in checking accounts:</i>		<i>Automobile-</i>		
<i>Value of your home:</i>		<i>RV-Year/Make:</i>		
<i>Other:</i>		<i>Other:</i>		
<i>Other:</i>		<i>Other:</i>		
<i>Other:</i>		<i>Other:</i>		

Basic Monthly Expenses

List monthly expenses and their due date. Expenses that do not occur monthly will be included in your periodic expenses.

Expense	Due Date*	Monthly Payment	Adj. Monthly Pmt.	Expense	Due Date*	Monthly Payment	Adj. Monthly Pmt.
Savings Account				Dependent Care:**	Day Care		
Savings Account				Child Support			
IRA Contributions				Education:	Tuition		
Investments				Books/Supplies			
Housing				Fees			
Rent/Mortgage				Clothing:	Clothing		
Condo Fees/Space Fees/Homeowner Dues				Accessories			
Storage Fees				Dry Cleaning/Laundry			
Bi-monthly Electricity				Personal:	Postage/Film		
Bi-monthly Gas or Oil Heat				Hair Salon/Barber Shop/Nails			
Bi-monthly Water				Toiletries and Cosmetics			
Bi-monthly Sewer				Allowance			
Bi-monthly Garbage				Health Club			
Telephone				Books/Tapes/CDs			
Long Distance Service				Internet/Computer Expenses			
Cable Television				Cellular/Pager			
Security System				Household Supplies			
Living Expenses				Pet Food/Care			
Food:	Groceries			Housekeeper			
Lunches (work and school)				Checking/ATM Fees			
Snacks, Pop, Espresso				Cigarettes/Tobacco			
Transportation:	Gasoline			Contributions	Charity		
Bus Fare				Church/Synagogue			
Car Pool				Club/Union Dues			
Parking/Tolls/Etc.				Entertainment	Hobbies		
Insurance:	Life Insurance			Movies/Plays/Concerts			
Auto Insurance (if paid monthly)				Meals Out/Delivered Goods			
Health Insurance (if paid monthly)				Sports			
Health Care:	Medical Co-pay			Parties/Beverages/Cover Charges			
Counseling Fees				Video Rentals			
Prescription Medications/Vitamins				Babysitter Fees			
Subtotal:		\$ -	\$ -	Subtotal		\$ -	\$ -
				Total Monthly		\$ -	\$ -

due.

**Dependent care varies, so this category is added as a guide only. If you have this expense, its percentage must be deducted from other budget categories.

Outstanding Financial Obligations (Debt)

Please be as thorough and accurate as possible when completing this section. All debts must be

Creditor	Balance	Monthly Pmt.	Adj. Monthly Payment	Due Date	Interest Rate (%)	Amount Past Due/Remarks
Totals:	\$ -	\$ -	\$ -	N/A	N/A	

