

# BUDGET ANALYSIS



DATE: \_\_\_\_\_

Living Expenses	Discretionary
Rent/Mortgage (P&I)	\$ _____ <input type="checkbox"/>
Home Repairs/Maintenance	\$ _____ <input type="checkbox"/>
Homeowner Fees	\$ _____ <input type="checkbox"/>
Property Tax	\$ _____ <input type="checkbox"/>
Basic Utilities (Gas/Electric)	\$ _____ <input type="checkbox"/>
Water/Trash	\$ _____ <input type="checkbox"/>
Extended Utilities (Internet)	\$ _____ <input type="checkbox"/>
Cable/Satellite	\$ _____ <input type="checkbox"/>
Home/Cell Phone	\$ _____ <input type="checkbox"/>
Security System	\$ _____ <input type="checkbox"/>
Groceries	\$ _____ <input type="checkbox"/>
Entertainment/Dining	\$ _____ <input type="checkbox"/>
Charitable Contributions	\$ _____ <input type="checkbox"/>
Child Care	\$ _____ <input type="checkbox"/>
Transportation (Gas/Taxi/Maintenance)	\$ _____ <input type="checkbox"/>
Other (Personal Goods)	\$ _____ <input type="checkbox"/>
Children's Activities	\$ _____ <input type="checkbox"/>
Cleaning/Laundry	\$ _____ <input type="checkbox"/>
Clothing	\$ _____ <input type="checkbox"/>
Club Dues/Hobbies	\$ _____ <input type="checkbox"/>
Gifts (Birthday/Holiday/Special)	\$ _____ <input type="checkbox"/>
Newspapers/Magazines	\$ _____ <input type="checkbox"/>
Misc _____	\$ _____ <input type="checkbox"/>
<b>Total Monthly Living Expenses</b>	<b>A</b> \$ _____

Insurance	Discretionary
Homeowners/Renters Insurance	\$ _____ <input type="checkbox"/>
Auto Insurance	\$ _____ <input type="checkbox"/>
Life (Group, SGLI, Term, Whole Life, Universal Life, Variable Life and Annuity)	\$ _____ <input type="checkbox"/>
Disability	\$ _____ <input type="checkbox"/>
Long Term Care	\$ _____ <input type="checkbox"/>
Medical	\$ _____ <input type="checkbox"/>
Dental	\$ _____ <input type="checkbox"/>
Vision	\$ _____ <input type="checkbox"/>
Flexible Spending Account	\$ _____ <input type="checkbox"/>
Liability Coverage	\$ _____ <input type="checkbox"/>
Other _____	\$ _____ <input type="checkbox"/>
<b>Total Monthly Insurance Expenses</b>	<b>B</b> \$ _____

Savings & Investments	Discretionary
Savings	\$ _____ <input type="checkbox"/>
Non-Retirement Accounts	\$ _____ <input type="checkbox"/>
Education (529, ESA, UTMA)	\$ _____ <input type="checkbox"/>
IRA(s)	\$ _____ <input type="checkbox"/>
401(k)/403(b)/457	\$ _____ <input type="checkbox"/>
SEP/SIMPLE	\$ _____ <input type="checkbox"/>
Profit Sharing/Money Purchase	\$ _____ <input type="checkbox"/>
Thrift Savings	\$ _____ <input type="checkbox"/>
Other _____	\$ _____ <input type="checkbox"/>
<b>Total Monthly Investments</b>	<b>C</b> \$ _____

Consumer Debt	Discretionary
Advance Pay	\$ _____ <input type="checkbox"/>
Credit Cards	\$ _____ <input type="checkbox"/>
Auto Loan/Lease (Auto #1)	\$ _____ <input type="checkbox"/>
Auto Loan/Lease (Auto #2)	\$ _____ <input type="checkbox"/>
Student Loans	\$ _____ <input type="checkbox"/>
Personal Loans	\$ _____ <input type="checkbox"/>
Other _____	\$ _____ <input type="checkbox"/>
<b>Total Monthly Consumer Debt</b>	<b>D</b> \$ _____

**C1: (Name)** \_\_\_\_\_

<b>Gross Income (Primary)</b>	\$ _____
(-) Federal Taxes	\$ _____
(-) State/Local Taxes	\$ _____
(-) Social Security/Payroll	\$ _____
<b>C1 Net Income</b>	\$ _____

**C2: (Name)** \_\_\_\_\_

<b>Gross Income (Spouse)</b>	\$ _____
(-) Federal Taxes	\$ _____
(-) State/Local Taxes	\$ _____
(-) Social Security/Payroll	\$ _____
<b>C2 Net Income</b>	+ \$ _____

**Other Net Income**

Rental Income (net)	\$ _____
Retirement Income	\$ _____
Child Support/Alimony	\$ _____
SBP	\$ _____
Disability	\$ _____
Investment Income	\$ _____
<b>Other Net Income</b>	+ \$ _____

<b>TOTAL MONTHLY NET INCOME</b>	= \$ _____	<b>E</b>
<b>A</b>	\$ _____	
<b>B</b>	+ \$ _____	
<b>C</b>	+ \$ _____	
<b>D</b>	+ \$ _____	

<b>TOTAL MONTHLY EXPENSES</b> (A+B+C+D)	= \$ _____	<b>F</b>
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<b>UNALLOCATED INCOME</b> (E-F)	= \$ _____
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<b>COMPLETE WITH ADVISOR</b>	
<b>RE-ALLOCATED INCOME</b>	+ \$ _____
<b>TOTAL AVAILABLE FOR YOUR FUTURE</b>	= \$ _____
<b>ADDITIONAL DOLLARS</b>	\$ _____

Advisor: Retain the original in the client's local file.

## EMERGENCY FUND

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TOTAL MONTHLY EXPENSES

\$  /mo

FACTOR (3 to 6)

x

TARGET EMERGENCY FUND

\$

**A**

## PAY-CASH FUND

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SHORT-TERM GOALS  
(<5 YRS.)

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TARGET PAY-CASH FUND

\$

**B**

## SUMMARY

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CAN I LIVE ON LESS THAN I EARN?

Y  N

C1

Y  N

C2

CAN I SAVE AND INVEST FOR A  
MORE SECURE TOMORROW?

Y  N

C1

Y  N

C2