

Budget and Goals

EXPENSES

HOME	\$	PERSONAL	\$
Rent/Mortgage		Cellphone	
Property Tax		Gym/Sports Club	
Insurance		Hobbies	
Other		Haircuts	
		Toiletries & Products	
UTILITIES	\$	Clothing	
Water		Other	
Gas (home)			
Electricity		FAMILY	\$
Landline		Activities	
Garbage		Child Support	
Heating		Babysitter	
Internet		Daycare	
Cable/Satellite		Allowance	
Supplies		Other	
Other			
		HEALTH	\$
TRANSPORTATION	\$	Health/Life Insurance	
Gas (car)		Dental/Doctor Visits	
Car Payment		Prescriptions	
Car Insurance		Other	
Car Repairs			
Car Registration		MISCELLANEOUS	\$
Public Transportation		Pets	
Parking		Charity/Offerings	
Taxi		Club Memberships	
Other		Subscriptions	
		Book/Movies	
		Other	
DEBT/PAYMENTS	\$		
Student Loans			
Credit Card		EDUCATION	\$
Other		Tuition	
		Books	
FOOD	\$	Supplies	
Groceries		Other	
Eating Out			

Other		TOTAL EXPENSES	\$
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INCOME

SOURCE	\$
Work	
Food Stamps	
Social Security	
Child Support	
Self-Employment	
Spouse Income	
Disability Support	
Housing Support	
Misc. Social Benefits/Pensions	
Other Income	
TOTAL INCOME	\$

SAVINGS & ASSETS

ASSET	\$
Basic Savings	
Emergency Fund	
Retirement Fund	
Other Savings	
Car	
House	
Other Property	

INCOME
 EXPENSES
 DISPOSABLE INCOME

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GOALS	TERM	S	M	A	R	T
1.	SHORT LONG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	SHORT LONG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	SHORT LONG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	SHORT LONG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>