



INVENTORY/ BUDGET WORKSHEET

Fill in:

Check one of 3:

All incoming Income : _____

	I pay this much each month	I can't pay any less for this	Maybe I could spent a little less	I might be able to eliminate this entirely
Mortgage or Rent				
Home Owner Association Fees				
Home Equity Loan				
Auto Loan/Lease				
Credit Cards and Other Consumer Debt Payments				
Electricity				
Oil or Gas				
Water				
Garbage Removal				
Sewer				
Cell Phone Service Fees				
Car Insurance				
Health Insurance (unless included in student fee)				
Alimony Payments				
Renter's or Home Owner's Insurance (unless include in mortgage payment)				
Medical/Dental Payments (eyeglasses, etc.)				
Day Care				
Child Support				





FINANCIAL
LITERACY
PROGRAM

Groceries				
Eating out				
Gas, Tolls, Parking				
Public Transportation				
Health Club Membership				
Laundry/Dry Cleaning				
Household Items (shampoo, batteries, decor)				
Pet Care and Supplies (food, grooming, vet care)				
Hair Cuts/Manicures				
Clothes				
Entertainment (Netflix, Spotify, art supplies)				
Lessons (kids sports, yoga, guitar lessons)				
ATM Withdrawals				
ATM Fees				
Charitable Donations (church, Red Cross, PTA)				
Lawn Service				
Retirement Savings				
Extra payments to reduce consumer debt				
Other required payments?				
Other optional expenses? (gifts?)				
TOTAL				

