

PERSONAL BALANCE SHEET

Assets	Amount
Cash - checking accounts	
Cash - savings accounts	
Individual securities - stocks/bonds/mutual funds	
Life insurance - cash surrender value	
Vehicle 1:	
Vehicle 2:	
Personal property	
Retirement funds - IRA/401k	
Real estate - market value	
Other assets:	
Other assets:	
Other assets:	
Total Assets	\$

Liabilities	Amount
Credit cards/retail loans	
Student loans	
Taxes payable	
Auto loans	
Real estate mortgages	
Other liabilities:	
Other liabilities:	
Other liabilities:	
Total Liabilities	\$

Additional notes on Assets and Liabilities:

SPENDING PLAN

<i>Category</i>	<i>Monthly</i>	<i>Non-Monthly</i>
Income Sources		
Net Salary 1	\$	\$
Net Salary 2	\$	\$
Other (less taxes)	\$	\$
TOTAL INCOME	\$	\$

Giving		
Church	\$	\$
Other Contributions	\$	\$
Total Giving	\$	\$

Saving		
Emergency Fund	\$	\$
Other Saving	\$	\$
Total Saving	\$	\$

Debt Payments		
VISA	\$	\$
Mastercard	\$	\$
Discover	\$	\$
American Express	\$	\$
Department Stores	\$	\$
Fuel Cards	\$	\$
Other Card:	\$	\$
Other Card:	\$	\$
Student Loans	\$	\$
Store Loans	\$	\$
Bank Loans	\$	\$
Family/Friends	\$	\$
Other:	\$	\$
Total Debt Payments	\$	\$

Housing		
Mortgage/Taxes/Rent	\$	\$
Maintenance	\$	\$
Electricity	\$	\$
Gas	\$	\$
Water/Sewer	\$	\$
Trash	\$	\$
Landline Phones	\$	\$
Cable/Internet	\$	\$
Other:	\$	\$
Total Housing	\$	\$

Vehicles/Transportation		
Vehicle Payments	\$	\$
Fuel/Public Trans/Parking	\$	\$
Oil/Maintenance	\$	\$
Total Vehicle/Trans.	\$	\$

<i>Category</i>	<i>Monthly</i>	<i>Non-Monthly</i>
Insurance		
Auto	\$	\$
Homeowners	\$	\$
Life	\$	\$
Medical/Dental	\$	\$
Other:	\$	\$
Total Insurance	\$	\$

Household/Personal		
Groceries	\$	\$
Household Items	\$	\$
Clothes/Dry Cleaning	\$	\$
Gifts	\$	\$
Cosmetics	\$	\$
Barber/Beauty	\$	\$
Books/Magazines	\$	\$
Allowances	\$	\$
Cell Phones	\$	\$
Education	\$	\$
Miscellaneous	\$	\$
Total Household/Personal	\$	\$

Entertainment		
Eating Out	\$	\$
Movies/Events	\$	\$
Baby-sitting	\$	\$
Travel (Vacations/Trips)	\$	\$
Fitness/Sports	\$	\$
Hobbies	\$	\$
Media Rental	\$	\$
Other:	\$	\$
Total Entertainment	\$	\$

Professional Services		
Child Care	\$	\$
Medical/Dental/Rx	\$	\$
Legal	\$	\$
Counseling	\$	\$
Professional Dues	\$	\$
Other:	\$	\$
Total Professional Services	\$	\$

TOTAL EXPENSES	\$	\$
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Total Monthly Income	\$
Total Monthly Expenses	\$
Net Monthly Income (±)	\$

Timing Account Transfer	\$
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TIMING ACCOUNT TRACKING FORM

DATE	DESCRIPTION	OBJECTIVE #1	OBJECTIVE #2	OBJECTIVE #3	OBJECTIVE #4	OBJECTIVE #5	RUNNING BALANCE
	TOTAL	\$	\$	\$	\$	\$	\$