



Financial Empowerment

Cash flow planning

Every single dollar of your income should be allocated to some category on this form. When you're done, your total income minus expenses should equal zero. If it doesn't, then you need to adjust some categories (such as debt reduction, giving or saving) so that it does equal zero. Use some common sense here, too. Do not leave things like clothes, car repairs or home improvements off this list. If you don't plan for these things, you're only setting yourself up for failure later.

Yes, this budget form is long. It's really long. We do that so that we can list practically every expense imaginable on this form to prevent you from forgetting something. Don't expect to put something on every line item. Just use the ones that are relevant to your specific situation.

Every main category on this form has subcategories. Fill in the monthly expense for each subcategory, and then write down the grand total for that category. Later, as you actually pay the bills and work through the month, use the "Actually Spent" column to record what you really spent in each area. If there is a substantial difference between what you budgeted and what you spent, then you'll need to readjust the budget to make up for the difference. If one category continually comes up over or short for two or three months, you'll need to adjust the budgeted amount accordingly. The asterisks (*) on the form indicate areas where paying with cash could be helpful.



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<i>Budgeted Item</i>	<i>Sub Total</i>	<i>TOTAL</i>	<i>Actually Spent</i>	<i>% of Take Home Pay</i>
CHARITABLE GIFTS		_____	_____	_____
SAVING				
Emergency Fund	_____		_____	
Retirement Fund	_____		_____	
College Fund	_____	_____	_____	_____
HOUSING				
First Mortgage	_____		_____	
Second Mortgage	_____		_____	
Real Estate Taxes	_____		_____	
Homeowner's Ins.	_____		_____	
Repairs or Mn. Fee	_____		_____	
Replace Furniture	_____		_____	
Other _____	_____	_____	_____	_____
UTILITIES				
Electricity	_____		_____	
WaterGas	_____		_____	
Phone	_____		_____	
Trash	_____		_____	
Cable	_____		_____	
*FOOD				
*Grocery	_____	_____	_____	_____
*Restaurants	_____		_____	
TRANSPORTATION				
Car Payment	_____	_____	_____	_____
Car Payment	_____		_____	
*Gas and Oil	_____		_____	
*Repairs and Tires	_____		_____	
Car Insurance	_____		_____	
License and Taxes	_____		_____	
Car Replacement	_____	_____	_____	_____



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PAGE 1 TOTAL

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<i>Budgeted Item</i>	<i>Sub Total</i>	<i>TOTAL</i>	<i>Actually Spent</i>	<i>% of Take Home Pay</i>
*CLOTHING				
*Children	_____		_____	
*Adults	_____		_____	
*Cleaning/Laundry	_____	_____	_____	_____
MEDICAL/HEALTH				
Disability Insurance	_____		_____	
Health Insurance	_____		_____	
Doctor Bills	_____		_____	
Dentist	_____		_____	
Optometrist	_____		_____	
Medications	_____	_____	_____	_____
PERSONAL				
Life Insurance	_____		_____	
Child Care	_____		_____	
*Baby Sitter	_____		_____	
*Toiletries	_____		_____	
*Cosmetics	_____		_____	
*Hair Care	_____		_____	
Education/Adult	_____		_____	
School Tuition	_____		_____	
School Supplies	_____		_____	
Child Support	_____		_____	
Alimony	_____		_____	
Subscriptions	_____		_____	
Organization Dues	_____		_____	
Gifts (incl. Christmas)	_____		_____	
Miscellaneous	_____		_____	
*Blow Money	_____	_____	_____	_____
 <i>PAGE 2 TOTAL</i>		_____		

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<i>Budgeted Item</i>	<i>Sub Total</i>	<i>TOTAL</i>	<i>Actually Spent</i>	<i>% of Take Home Pay</i>
RECREATION				
*Entertainment	_____		_____	
Vacation	_____	_____	_____	_____
DEBTS				
Visa 1	_____		_____	
Visa 2	_____		_____	
Master Card 1	_____		_____	
Master Card 2	_____		_____	
American Express	_____		_____	
Discover Card	_____		_____	
Gas Card 1	_____		_____	
Gas Card 2	_____		_____	
Dept. Store Card 1	_____		_____	
Dept. Store Card 2	_____		_____	
Finance Co. 1	_____		_____	
Finance Co. 2	_____		_____	
Credit Line	_____		_____	
Student Loan 1	_____		_____	
Student Loan 2	_____		_____	
Other _____	_____		_____	
Other _____	_____		_____	
Other _____	_____		_____	
Other _____	_____	_____	_____	_____
PAGE 3 TOTAL		_____	_____	
PAGE 2 TOTAL		_____	_____	
PAGE 1 TOTAL		_____	_____	
GRAND TOTAL		_____	_____	
<i>TOTAL HOUSEHOLD INCOME</i>		_____		
		Zero		