

Monthly Cash Flow Plan (Instructions)

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, then 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, then you need to adjust the budgeted amount accordingly.

Use the "% Take Home Pay" column to record what percentage of your income actually goes to each category. Then, use the "Recommended Percentages" sheet (Form 6) to see if your percentages are in line with what we recommend.

Notes:

- An asterisk (*) beside an item indicates an area for which you should use the envelope system.
- The emergency fund should get all the savings until you've completed your full emergency fund of three to six months of expenses (Baby Step 3).
- Don't forget to include your annualized items from the "Lump Sum Payment Planning" sheet (Form 4), including your Christmas gift planning.

Monthly Cash Flow Plan (Form 5)

| Budgeted Item | Sub Total | TOTAL | Actually Spent | % of Take Home Pay |
|-------------------------|--------------|-------|-------------------|-----------------------|
| 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 | _____ | | _____ | |
| Water | _____ | | _____ | |
| Gas | _____ | | _____ | |
| Phone | _____ | | _____ | |
| Trash | _____ | | _____ | |
| Cable | _____ | _____ | _____ | _____ |
| *FOOD | | | | |
| *Grocery | _____ | | _____ | |
| *Restaurants | _____ | _____ | _____ | _____ |
| TRANSPORTATION | | | | |
| Car Payment | _____ | _____ | | |
| Car Payment | _____ | | _____ | |
| *Gas and Oil | _____ | | _____ | |
| *Repairs and Tires | _____ | | _____ | |
| Car Insurance | _____ | | _____ | |
| License and Taxes | _____ | | _____ | |
| Car Replacement | _____ | _____ | _____ | _____ |
| PAGE 1 TOTAL | | _____ | _____ | |

Monthly Cash Flow Plan (Form 5 – continued)

| Budgeted Item | Sub Total | TOTAL | Actually Spent | % of Take Home Pay |
|-------------------------|-----------|-------|----------------|--------------------|
| *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 | _____ | _____ | _____ | _____ |
| PAGE 2 TOTAL | | _____ | _____ | |

Monthly Cash Flow Plan (Form 5 – continued)

| Budgeted Item | Sub Total | TOTAL | Actually Spent | % of Take Home Pay |
|-------------------------------|-----------|-------------|----------------|--------------------|
| RECREATION | | | | |
| *Entertainment | _____ | | _____ | |
| Vacation | _____ | _____ | _____ | _____ |
| DEBTS (Hopefully -0-) | | | | |
| 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 _____ | _____ | | _____ | |
| Other _____ | _____ | _____ | _____ | _____ |
| | | | | |
| PAGE 3 TOTAL | | _____ | _____ | |
| PAGE 2 TOTAL | | _____ | _____ | |
| PAGE 1 TOTAL | | _____ | _____ | |
| GRAND TOTAL | | _____ | _____ | |
| TOTAL HOUSEHOLD INCOME | | _____ | | |
| | | ZERO | | |