



Your Financial Planning **WORKBOOK**

Please note that you can conveniently type text and numbers into these documents and save your work. However, these documents will not automatically calculate your financial data.

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PERSONAL FINANCIAL STATEMENT

Date ____ \ ____ \ ____

Assets (Present market value)

Cash on hand/Checking account	\$ _____
Savings	\$ _____
Stocks and bonds	\$ _____
Cash value of life insurance	\$ _____
Coins	\$ _____
Home	\$ _____
Other real estate	\$ _____
Mortgages/Notes receivable	\$ _____
Business valuation	\$ _____
Automobiles	\$ _____
Furniture	\$ _____
Jewelry	\$ _____
Other personal property	\$ _____
Pension/Retirement	\$ _____
Other assets	\$ _____

Total Assets \$

Liabilities (Current amount owed)

Credit card debt	\$ _____
Automobile loans	\$ _____
Home mortgages	\$ _____
Personal debt to relatives	\$ _____
Business loans	\$ _____
Educational loans	\$ _____
Medical/Other past due bills	\$ _____
Life insurance loans	\$ _____
Bank loans	\$ _____
Other debts and loans	\$ _____

Total Liabilities \$

Net Worth (Total assets minus total liabilities) \$

DEBT LIST

Date ____ \ ____ \ ____

CREDITOR	Describe What Was Purchased	Monthly Payments	Balance Due	Scheduled Pay-Off Date	Interest Rate	Payments Past Due
TOTALS						

AUTO LOANS	Monthly Payments	Balance Due	Scheduled Pay-Off Date	Interest Rate	Payments Past Due
TOTALS					

HOME MORTGAGES	Monthly Payments	Balance Due	Scheduled Pay-Off Date	Interest Rate	Payments Past Due
TOTALS					

BUSINESS / INVESTMENT DEBT	Monthly Payments	Balance Due	Scheduled Pay-Off Date	Interest Rate	Payments Past Due
TOTALS					

VARIABLE EXPENSES

Date ____ \ ____ \ ____

SAMPLE

SPENDING CATEGORY	ESTIMATED YEARLY COST	ESTIMATED COST PER MONTH
1 Vacation	\$ 720.00	÷ 12 = \$ 60.00
2 Dentist	\$ 120.00	÷ 12 = \$ 10.00
3 Doctor	\$ 240.00	÷ 12 = \$ 20.00
4 Automobile	\$ _____	÷ 12 = \$ _____
5 Life Insurance	\$ _____	÷ 12 = \$ _____
6 Health Insurance	\$ _____	÷ 12 = \$ _____
7 Auto Insurance	\$ 600.00	÷ 12 = \$ 50.00
8 Home Insurance	\$ _____	÷ 12 = \$ _____
9 Clothing	\$ 1,128.00	÷ 12 = \$ 94.00
10 Investments	\$ _____	÷ 12 = \$ _____
11 _____	\$ _____	÷ 12 = \$ _____
12 _____	\$ _____	÷ 12 = \$ _____

SPENDING CATEGORY	ESTIMATED YEARLY COST	ESTIMATED COST PER MONTH
1 Vacation	\$ _____	÷ 12 = \$ _____
2 Dentist	\$ _____	÷ 12 = \$ _____
3 Doctor	\$ _____	÷ 12 = \$ _____
4 Automobile	\$ _____	÷ 12 = \$ _____
5 Life Insurance	\$ _____	÷ 12 = \$ _____
6 Health Insurance	\$ _____	÷ 12 = \$ _____
7 Auto Insurance	\$ _____	÷ 12 = \$ _____
8 Home Insurance	\$ _____	÷ 12 = \$ _____
9 Clothing	\$ _____	÷ 12 = \$ _____
10 Investments	\$ _____	÷ 12 = \$ _____
11 _____	\$ _____	÷ 12 = \$ _____
12 _____	\$ _____	÷ 12 = \$ _____

ESTIMATED SPENDING PLAN

Date ____ \ ____ \ ____

MONTHLY INCOME

Gross Monthly Income \$

Salary \$ _____
Interest \$ _____
Dividends \$ _____
Other Income \$ _____

Less

1. Tithe/Giving \$ _____
2. Taxes (Federal / State / Fica) \$ _____

Net Spendable Income \$

MONTHLY LIVING EXPENSES

3. Housing \$

Mortgage/Rent \$ _____
Insurance \$ _____
Property taxes \$ _____
Cable TV \$ _____
Electricity \$ _____
Gas \$ _____
Water \$ _____
Sanitation \$ _____
Telephone \$ _____
Maintenance \$ _____
Internet service \$ _____
Other \$ _____

4. Food \$

5. Transportation \$

Payments \$ _____
Gas & Oil \$ _____
Insurance \$ _____
License/Taxes \$ _____
Maintenance \$ _____
Replacement \$ _____
Other \$ _____

6. Insurance \$

Insurance \$ _____
Life \$ _____
Health/Dental \$ _____
Disability \$ _____
Other \$ _____

7. Debts (not including house or auto) \$

8. Entertainment/ Recreation \$

Eating out \$ _____
Babysitters \$ _____
Activities/Trips \$ _____
Vacation \$ _____
Pets \$ _____
Other \$ _____

9. Clothing \$

10. Savings \$

11. Medical / Dental \$

Doctor \$ _____
Dentist \$ _____
Prescriptions \$ _____
Other \$ _____

12. Miscellaneous \$

Toiletries/Cosmetics \$ _____
Beauty/Barber \$ _____
Laundry/Cleaners \$ _____
Allowances \$ _____
Subscriptions \$ _____
Gifts \$ _____
Other \$ _____

13. Investments \$

14. School / Childcare \$

Tuition \$ _____
Materials \$ _____
Transportation \$ _____
Childcare \$ _____

TOTAL LIVING EXPENSES \$

HOW THE MONTH TURNS OUT

NET SPENDABLE INCOME \$

- TOTAL LIVING EXPENSES \$

= SURPLUS OR DEFICIT \$

SPENDING PLAN ANALYSIS

Date ____ \ ____ \ ____

GROSS INCOME PER YEAR \$

GROSS INCOME PER MONTH \$

GUIDELINE NET SPENDABLE INCOME PER MONTH \$

MONTHLY PAYMENT CATEGORY	EXISTING SPENDING PLAN	MONTHLY GUIDELINE PLAN	DIFFERENCE + OR -	NEW MONTHLY PLAN
1 Tithe	\$ _____	\$ _____	\$ _____	\$ _____
2 Tax	\$ _____	\$ _____	\$ _____	\$ _____
Net Spendable Income (per month)	\$ _____	\$ _____	\$ _____	\$ _____
3 Housing	\$ _____	\$ _____	\$ _____	\$ _____
4 Food	\$ _____	\$ _____	\$ _____	\$ _____
5 Transportation	\$ _____	\$ _____	\$ _____	\$ _____
6 Insurance	\$ _____	\$ _____	\$ _____	\$ _____
7 Debts	\$ _____	\$ _____	\$ _____	\$ _____
8 Entertainment / Recreation	\$ _____	\$ _____	\$ _____	\$ _____
9 Clothing	\$ _____	\$ _____	\$ _____	\$ _____
10 Savings	\$ _____	\$ _____	\$ _____	\$ _____
11 Medical/Dental	\$ _____	\$ _____	\$ _____	\$ _____
12 Miscellaneous	\$ _____	\$ _____	\$ _____	\$ _____
13 Investments	\$ _____	\$ _____	\$ _____	\$ _____
14 School/Childcare	\$ _____	\$ _____	\$ _____	\$ _____
Totals (Items 3-14)	\$ _____	\$ _____		\$ _____

REMINDER: The guideline percentages are not absolutes! Actual percentages vary, because different factors will influence what you spend, such as the cost of housing in your area, whether you are married, and the number of children you might have.

PERCENTAGE SPENDING PLAN

Date ____ \ ____ \ _____

GROSS INCOME \$

1 Tithe/Giving \$

2 Taxes \$

NET SPENDABLE INCOME \$

SPENDING CATEGORY	PERCENTAGE	NSI*	AMOUNT
3 Housing	\$ _____	\$ _____	\$ _____
4 Food	\$ _____	\$ _____	\$ _____
5 Transportation	\$ _____	\$ _____	\$ _____
6 Insurance	\$ _____	\$ _____	\$ _____
7 Debts	\$ _____	\$ _____	\$ _____
8 Entertainment / Recreation	\$ _____	\$ _____	\$ _____
9 Clothing	\$ _____	\$ _____	\$ _____
10 Savings	\$ _____	\$ _____	\$ _____
11 Medical/Dental	\$ _____	\$ _____	\$ _____
12 Miscellaneous	\$ _____	\$ _____	\$ _____
13 Investments	\$ _____	\$ _____	\$ _____
14 School/Childcare ¹	\$ _____	\$ _____	\$ _____
Total (cannot exceed Net Spendable Income)			\$ _____

*Net Spendable Income

¹ If you have this expense, this percentage must be deducted from other spending plan categories.

MONTHLY SPENDING PLAN - A

Month _____

Year _____

CATEGORY	Income	Tithe/Giving	Taxes	Housing	Food	Transporation	Insurance
Allocated Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
DATE							
1st							
2nd							
3rd							
4th							
5th							
6th							
7th							
8th							
9th							
10th							
11th							
12th							
13th							
14th							
15th							
This Month Subtotal	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
16th							
17th							
18th							
19th							
20th							
21st							
22nd							
23rd							
24th							
25th							
26th							
27th							
28th							
29th							
30th							
31st							
This Month Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
This Month Surplus/Deficit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Year to Date Spending Plan	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Year to Date Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Year to Date Surplus/Deficit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Plan Summary	This Month	Total Income	\$ _____	+	Previous Month/Year to Date	Total Income	\$ _____	=	Year to Date	Total Income	\$ _____
	Minus Total Expenses	\$ _____	Minus Total Expenses		\$ _____	Minus Total Expenses	\$ _____				
	Equals Surplus/Deficit	\$ _____	Equals Surplus/Deficit		\$ _____	Equals Surplus/Deficit	\$ _____				

