



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.

crown.org

Personal Financial Statement

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

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

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

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

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.

Snowball Strategy

Debt Repayment Schedule

CREDITOR:

DATE:

WHAT WAS PURCHASED:

AMOUNT OWED:

INTEREST RATE:

Percentage Spending Plan

GROSS INCOME

\$

1 Tithe/Giving

\$

2 Taxes

\$

NET SPENDABLE INCOME

\$

SPENDING CATEGORY	PERCENTAGE	NSI*	AMOUNT
3 Housing	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
4 Food	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
5 Transportation	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
6 Insurance	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
7 Debts	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
8 Entertainment / Recreation	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
9 Clothing	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
10 Savings	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
11 Medical/Dental	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
12 Miscellaneous	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
13 Investments	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>
14 School/Childcare ¹	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/>

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.

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.

Monthly Spending Plan - A

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 \$ _____
 Minus Total Expenses \$ _____
 Equals Surplus/Deficit \$ _____



Previous Month/Year to Date

Total Income \$ _____
 Minus Total Expenses \$ _____
 Equals Surplus/Deficit \$ _____



Year to Date

Total Income \$ _____
 Minus Total Expenses \$ _____
 Equals Surplus/Deficit \$ _____

Monthly Spending Plan - B

CATEGORY	Debts	Entertainment/ Recreation	Clothing	Savings	Medical/ Dental	Miscellaneous	Investments	School/ Child Care
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	\$	\$	\$	\$	\$	\$	\$	\$

Category Page (Individual Account Page)

CATEGORY:

Idea List