



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	\$ 10000
Savings	\$ 2000
Stocks and bonds	\$ 40000
Cash value of life insurance	\$ 21000
Coins	\$ _____
Home	\$ 550000
Other real estate	\$ _____
Mortgages/Notes receivable	\$ _____
Business valuation	\$ _____
Automobiles	\$ _____
Furniture	\$ 55000
Jewelry	\$ 10000
Other personal property	\$ _____
Pension/Retirement	\$ 55000
Other assets	\$ 75000

Total Assets \$ 818000

Liabilities (Current amount owed)

Credit card debt	\$ 6000
Automobile loans	\$ 55000
Home mortgages	\$ 450000
Personal debt to relatives	\$ _____
Business loans	\$ _____
Educational loans	\$ _____
Medical/Other past due bills	\$ _____
Life insurance loans	\$ _____
Bank loans	\$ 35000
Other debts and loans	\$ _____

Total Liabilities \$ 546000

Net Worth (Total assets minus total liabilities) \$ 272000

Debt List

CREDITOR	Describe What Was Purchased	Monthly Payments	Balance Due	Scheduled Pay-Off Date	Interest Rate	Payments Past Due
Bank	Visa	200	6000		19.99	0.00
Bank	Line of Credit	300	36000		10.45	
TOTALS						

AUTO LOANS	Monthly Payments	Balance Due	Scheduled Pay-Off Date	Interest Rate	Payments Past Due
Bank	855	55000	2029	5.49	0.00
TOTALS					

HOME MORTGAGES	Monthly Payments	Balance Due	Scheduled Pay-Off Date	Interest Rate	Payments Past Due
Bank	2000	01-2026	2049	1.9	0.00
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	\$ 7500	÷ 12 =	\$ 625
2	Dentist	\$ 2000	÷ 12 =	\$ 170
3	Doctor	\$ 1200	÷ 12 =	\$ 100
4	Automobile	\$ 10260	÷ 12 =	\$ 855
5	Life Insurance	\$ 5400	÷ 12 =	\$ 450
6	Health Insurance	\$ 0	÷ 12 =	\$ 0
7	Auto Insurance	\$ 2250	÷ 12 =	\$ 188
8	Home Insurance	\$ 2850	÷ 12 =	\$ 236
9	Clothing	\$ 4500	÷ 12 =	\$ 375
10	Investments	\$ 6000	÷ 12 =	\$ 500
11	_____	\$ _____	÷ 12 =	\$ _____
12	_____	\$ _____	÷ 12 =	\$ _____

Estimated Spending Plan

Monthly Income

Gross Monthly Income \$ 20000

Salary \$ 4200
Interest \$ _____
Dividends \$ 15800
Other Income \$ _____

Less

1. Tithe/Giving \$ 965
2. Taxes (Federal / State / Fica) \$ 5500

Net Spendable Income \$ 13535

Monthly Living Expenses

3. Housing \$ 2936

Mortgage/Rent \$ 2000
Insurance \$ 236
Property taxes \$ 200
Cable TV \$ 0
Electricity \$ 100
Gas \$ 100
Water \$ 75
Sanitation \$ 0
Telephone \$ 0
Maintenance \$ 75
Internet service \$ 150
Other \$ _____

4. Food \$ 2000

5. Transportation \$ 1268

Payments \$ 855
Gas & Oil \$ 125
Insurance \$ 188
License/Taxes \$ 0
Maintenance \$ 100
Replacement \$ 0
Other \$ 0

6. Insurance \$ 450

Insurance \$ _____
Life \$ 450
Health/Dental \$ _____
Disability \$ _____
Other \$ _____

7. Debts \$ 500
(not including house or auto)

8. Entertainment/ Recreation \$ 1350

Eating out \$ 400
Babysitters \$ 0
Activities/Trips \$ 200
Vacation \$ 625
Pets \$ 125
Other \$ _____

9. Clothing \$ 300

10. Savings \$ 500

11. Medical / Dental \$ 270

Doctor \$ 100
Dentist \$ 170
Prescriptions \$ 0
Other \$ 0

12. Miscellaneous \$ 1175

Toiletries/Cosmetics \$ 75
Beauty/Barber \$ 100
Laundry/Cleaners \$ 320
Allowances \$ 330
Subscriptions \$ 200
Gifts \$ 75
Other \$ 75 (Christmase gifts)

13. Investments \$ 500

14. School / Childcare \$ 2200

Tuition \$ 1200
Materials \$ 1000 (kids sports)
Transportation \$ 0
Childcare \$ 0

TOTAL LIVING EXPENSES \$ 14449

HOW THE MONTH TURNS OUT

NET SPENDABLE INCOME \$ 13535

- TOTAL LIVING EXPENSES \$ 13449

= SURPLUS OR DEFICIT \$ 86

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.

Percentage Spending Plan

GROSS INCOME	\$	<input type="text"/>
1 Tithe/Giving	\$	<input type="text"/>
2 Taxes	\$	<input type="text"/>
NET SPENDABLE INCOME	\$	<input type="text"/>

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.

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		Previous Month/Year to Date		Year to Date	
Total Income	\$ _____	Total Income	\$ _____	Total Income	\$ 10000
Minus Total Expenses	\$ 2000	Minus Total Expenses	\$ 40000	Minus Total Expenses	\$ 21000
Equals Surplus/Deficit	\$ _____	Equals Surplus/Deficit	\$ 550000	Equals Surplus/Deficit	\$ _____



