



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)

\$

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.

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

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