



Financial Empowerment

Quick budget

This form will help you get your feet wet in the area of budgeting. It is only one page and should not be intimidating as you get started. The purpose of this form is to show you exactly how much money you need every month in order to survive. We won't get into the details of your credit card bills, student loans and other consumer debts here. This is just to give you a starting point as you begin to take control of your money.

There are four columns on this form:

Monthly Total

- This column shows you how much you are spending on necessities each month.
- If you do not know the amount, write down your best estimate.
- If an estimate is grossly inaccurate, then you may have never even noticed how much you were spending in that area before now. Don't beat yourself up about this!

Payoff Total

- Write down how much money is required to completely pay off that item.
- This line only appears in the relevant categories (mortgage, car debt, etc.).

How Far Behind?

- If your account is past due in any category, write down how many days you are behind.
- If you are up-to-date, simply write a zero or "N/A" (not applicable) in this column.

Type of Account

- Write in how this area is paid—by check, automatic bank draft, cash, etc.
- Early in the program, you will see the benefits of using cash for certain items. Challenge yourself by identifying categories for which you can use cash only.
- The asterisks (*) on the form indicate areas in which a cash-based approach could be helpful.



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<i>Item</i>	<i>Monthly Total</i>	<i>Payoff Total</i>	<i>How Far Behind</i>	<i>Type of Account</i>
GIVING	_____		_____	_____
SAVING	_____		_____	_____
HOUSING				
First Mortgage	_____	_____	_____	_____
Second Mortgage	_____	_____	_____	_____
Repairs/Mn. Fee	_____		_____	_____
UTILITIES				
Electricity	_____		_____	_____
Water	_____		_____	_____
Gas	_____		_____	_____
Phone	_____		_____	_____
Trash	_____		_____	_____
Cable	_____		_____	_____
*Food	_____		_____	_____
TRANSPORTATION				
Car Payment	_____	_____	_____	_____
Car Payment	_____	_____	_____	_____
*Gas & Oil	_____		_____	_____
*Repairs & Tires	_____		_____	_____
Car Insurance	_____		_____	_____
*CLOTHING	_____		_____	_____
PERSONAL				
Disability Ins.	_____		_____	_____
Health Insurance	_____		_____	_____
Life Insurance	_____		_____	_____
Child Care	_____		_____	_____
*Entertainment	_____		_____	_____
OTHER MISC.	_____		_____	_____



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TOTAL MONTHLY NECESSITIES _____