## Financial Empowerment

## Quick budget

This form will help you get your feet wet in the area of budgeting. It is only one pageand should not be intimidating as you get started. The purpose of this form is to showyou exactly how much money you need every month in order to survive. We won't getinto 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.

## Thereare 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 youare 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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| Item | Monthly Total | Payoff Total | How Far Behind | Type of <br> Account |
| :---: | :---: | :---: | :---: | :---: |
| 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 MONTHLYNECESSITIES $\qquad$

