

The Newlywed Financial Planning Budget

Call me today to get a customized financial plan to help keep your marriage going strong!

Peter 702.449.9558

MONTHLY EXPENSES

<u>Debt Payments:</u>	<u>Yrs. Remaining</u>	<u>(Minimum Monthly Required)</u>	<u>Int. Rate</u>	<u>Monthly Other Fixed Expenses:</u>	
1 st Mortgage:	_____	\$ _____	_____ %	Rent:	\$ _____
2 nd Mortgage:	_____	\$ _____	_____ %	Alimony / Child Support:	\$ _____
Other Mortgage:	_____	\$ _____	_____ %	Homeowner Insurance:	\$ _____
Automobile Loan:	_____	\$ _____	_____ %	Auto Insurance:	\$ _____
Automobile Loan:	_____	\$ _____	_____ %	Life Insurance:	\$ _____
Personal Loans:	_____	\$ _____	_____ %	Health / Disability Ins.:	\$ _____
				Electricity:	\$ _____
				Natural Gas / Oil:	\$ _____
				Water:	\$ _____
				Sewer / Garbage:	\$ _____
				Telephone:	\$ _____
				Cellular Phone(s):	\$ _____
				Property Taxes:	\$ _____
				Vehicle Registration Fees:	\$ _____
				Vehicle Gasoline:	\$ _____
				Cable TV / Modem:	\$ _____
				Subscriptions / Dues:	\$ _____
				Membership Fees:	\$ _____
				Private School / Day Care:	\$ _____
				Bank Fees:	\$ _____
				Other:	\$ _____

List Credit Card Monthly Payments Below:

_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %

(A) Total Debt Payments: \$ _____

(B) Total Other Fixed Expenses: \$ _____

Monthly Non-Fixed Expenses:

Groceries:	\$ _____	Clothing:	\$ _____
Entertainment:	\$ _____	Gifts:	\$ _____
Dining Out:	\$ _____	Personal Care:	\$ _____
Auto Maintenance:	\$ _____	Allowances:	\$ _____
Home Improvements:	\$ _____	Medical/RX:	\$ _____

(C) Total Monthly Non-Fixed Expenses: \$ _____

Monthly Savings:

Emergency Fund:	\$ _____
Short Term Goals or Dreams:	\$ _____
Long Term Goals or Dreams:	\$ _____
College Funds:	\$ _____
Retirement Funds:	\$ _____

(D) Total Monthly Savings: \$ _____

(A) Total Monthly Debt Payments: \$ _____

(B) Total Monthly Other Fixed Expenses: \$ _____

(C) Total Monthly Non-Fixed Expenses: \$ _____

(D) Total Monthly Savings: \$ _____

GRAND TOTAL OF MONTHLY EXPENSES: \$ _____

The Newlywed Financial Planning Budget

Call me today to get a customized financial plan to help keep your marriage going strong!

Peter 702.449.9558

INCOME & PERSONAL DATA

Personal Data:

Your Name: _____ Spouses' Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cellular Phone: () _____

Your Employer: _____ How Long? _____ Occupation: _____

Spouses' Employer: _____ How Long? _____ Occupation: _____

Your Date of Birth: ____/____/____ Spouses' Date of Birth: ____/____/____

Life Insurance

Life Insurance: \$ _____ Spouse: \$ _____ Kids: \$ _____

Mo. Premiums: \$ _____ Spouse: \$ _____ Kids: \$ _____

Monthly Income:

Your Salary, Wages, Social Security, Etc... Gross \$ _____ (Net) \$ _____

Spouse's Salary Gross \$ _____ (Net) \$ _____

Other Income Gross \$ _____ (Net) \$ _____

Other Income Gross \$ _____ (Net) \$ _____

TOTAL MONTHLY INCOME: GROSS \$ _____ (NET) \$ _____

Dependents:

Name: _____ Date of Birth: ____/____/____ Age: _____

Name: _____ Date of Birth: ____/____/____ Age: _____

Name: _____ Date of Birth: ____/____/____ Age: _____

Name: _____ Date of Birth: ____/____/____ Age: _____

Name: _____ Date of Birth: ____/____/____ Age: _____

Name: _____ Date of Birth: ____/____/____ Age: _____