## Money Management Planner

The Money Management Planner is a guide to help you take control of your finances. It will help you determine your net worth, set goals, monitor your cash flow and track expenses. A sound spending and savings plan is the foundation for your long-term financial success.

Examine your past finances to create a plan for all future spending and savings. In other words, a review of your expenses and spending habits will enable you to design a realistic monthly budget. Be prepared to make some changes, if those habits have kept you from achieving your financial goals.

If your expenses exceed your income, call BALANCE to schedule a

## BALANCE <br> FINANCIAL FITNESS PROGRAM

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## Financial Goals

Your financial goals are specific things you want to do with your money within a certain time period. Short-term goals are accomplished under 1 year, mid-term goals are accomplished within 1 to 5 years, and long-term goals generally take over 5 years to achieve.

|  | YOUR GOALS | TARGET DATE | TOTAL NEEDED | CURRENT SAVINGS | ADDITIONAL SAVINGS NEEDED | PAY PERIODS UNTIL TARGET DATE | SAVINGS NEEDED PER PAY PERIOD | $\begin{aligned} & \text { SAVINGS } \\ & \text { NEEDED } \\ & \text { PER MONTH } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Short-term Goals |  |  |  |  |  |  |  |  |
| Goals <br> (under 1 year) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Mid-term Goals |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Long-term <br> Goals (over 5 years) |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

## Net Worth

In order to evaluate your progress as you work toward your goals, you must determine what your overall financial picture looks like today. Your net worth is simply the difference between what you own and what you owe. To make sure you are staying on track, it's a good idea to calculate your assets and liabilities annually. If you conscientiously follow your plan you should see a gradual, steady increase in your net worth.

| WHAT YOU OWN | AMOUNT | WHAT YOU OWE AMOUNT |  |
| :---: | :---: | :---: | :---: |
| Checking/Saving Accounts |  | Mortgage |  |
| Investment Accounts |  | Credit Cards |  |
| Stocks \& Bonds |  | Student Loan(s) |  |
| IRA/401(k) |  | Auto Loan(s) |  |
| Home/Real Estate |  | Other Loan(s) |  |
| Automobile(s) |  | Income Tax Due |  |
| Other Asset(s) |  | Other Debt(s) |  |
| TOTAL OWNED (A) |  | TOTAL OWED (B) |  |

To figure your net worth, subtract the total owed from the total owned:

| TOTAL OWNED (A) TOTAL OWED (B) | $=$ |
| :---: | :---: | :---: |
|  | $-\quad$ NET WORTH |

## Essential Expenses

Household expenses are categorized into essential and discretionary. Since many expenses are variable, such as utilities and groceries, it is important to average these expenses. Other expenses are periodic (such as insurance or vehicle registration). Again, calculate the annual amount and divide by 12.

| CATEGORY | EXPENSE | AVERAGE PER MONTH | GOAL PER MONTH |
| :---: | :---: | :---: | :---: |
| Housing | Rent/Mortgage |  |  |
|  | 2nd Mortgage/Equity Line |  |  |
|  | Homeowner's/Renter's Insurance |  |  |
|  | Condo Fees/HOA Dues |  |  |
|  | Home Maintenance/Monitored Alarm |  |  |
|  | Lawn/Garden/Pool |  |  |
|  | Gas/Electric |  |  |
|  | Water/Sewer/Garbage |  |  |
|  | Internet/Cable/Satellite |  |  |
|  | Landline/Cell Phone |  |  |
| Food | Groceries/Household Items |  |  |
|  | At Work/School |  |  |
| Insurance (exclude payroll deducted amounts) | Health/Dental/Vision |  |  |
|  | Life/Disability |  |  |
| Medical Care (exclude payroll deducted amounts) | Doctor/Chiropractor |  |  |
|  | Optometrist/Lenses |  |  |
|  | Dentist/Orthodontist |  |  |
|  | Prescriptions |  |  |
| Transportation (exclude payroll deducted amounts) | Vehicle Payment \#1 |  |  |
|  | Vehicle Payment \#2 |  |  |
|  | Auto Insurance |  |  |
|  | Registration |  |  |
|  | Gasoline/Oil |  |  |
|  | Maintenance/Repairs |  |  |
|  | Public Transportation/Tolls/Parking |  |  |
| Child Care (exclude payroll deducted amounts) | Daycare |  |  |
|  | Child Support/Alimony |  |  |
| Miscellaneous | Banking Fees |  |  |
|  | Union Dues |  |  |
| Income Taxes | Federal/State Tax Repayment |  |  |
|  | Estimated Tax Payments (Self-Employed) |  |  |
| Savings | Emergency |  |  |
|  | Goals |  |  |
| TOTAL ESSENTIAL EXPENSES |  |  |  |

## Discretionary Expenses

| CATEGORY | EXPENSE | AVERAGE PER MONTH | GOAL PER MONTH |
| :---: | :---: | :---: | :---: |
| Personal | Beauty/Barber |  |  |
|  | Clothing/Jewelry |  |  |
|  | Laundry |  |  |
|  | Cosmetics/Manicure |  |  |
| Entertainment | Movies/Concerts/Theater |  |  |
|  | Books/Magazines |  |  |
|  | CD/DVD |  |  |
|  | Dining Out |  |  |
|  | Sports/Hobbies |  |  |
|  | Vacation/Travel |  |  |
|  | Other |  |  |
| Miscellaneous | Tuition/Lessons |  |  |
|  | Pet Care |  |  |
|  | Postage |  |  |
|  | Holiday/Birthday/Gifts |  |  |
|  | Cigarettes/Alcohol |  |  |
|  | Charity/Religious Contributions |  |  |
|  | Other |  |  |
|  | Other |  |  |
| TOTAL DISCRETIONARY EXPENSES |  |  |  |

## Monthly Income

Enter your gross and net (after taxes) income from all sources. For income received infrequently, such as bonuses or tax returns, calculate the annual income, then divide by 12 to find the monthly amount.

| SOURCE | YOURS | SPOUSE/PARTNER |
| :--- | :--- | :--- |
| Income Source/Employer |  |  |
| Part-time Employer/Second Job |  |  |
| Retirement/Pension |  |  |
| Child Support/Alimony |  |  |
| Social Security |  |  |
| Food Stamps |  |  |
| Unemployment Insurance |  |  |
| Support from Family/Friends |  |  |
| Rental Income |  |  |
| Other Income (variable or periodic) |  |  |
| TOTAL MONTHIY INCOME |  |  |

## Unsecured Debt

List all debts (except auto loans and mortgages) along with the name of the creditor, interest rate, total balance owed and the required minimum payment. This includes credit and charge cards, installment loans, personal loans and outstanding medical bills.

| CREDITOR NAME | INTEREST RATE | MONTHLY PAYMENT | BALANGE |
| :---: | :---: | :---: | :---: |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |

## Bottom Line

Once you have determined the total of your take-home pay and expenses you are ready to determine your bottom line. Subtract the total of all expenses including debt payments from your net income. If the result is a positive number, you can add the extra money to your savings to reach your goals sooner. If your expenses exceed your income, you'll need to make some adjustments to bring your finances back into balance.


## Tracking Day-to-Day Expenses

If you don't know where your money is going, it's time to start tracking your spending. Different methods of tracking work for different peoplesome like to save receipts while others prefer to jot down all purchases in a small notebook they carry with them. Remember, tracking is only effective if you count every expense, including the morning newspaper and the 75 cents you put in the office vending machine. Use the sheets on the next two pages to record weekly and monthly spending totals. (We suggest you make copies of the charts so that you can track for longer than one week.)


## Weekly Expenses

| ITEM | MON | TUE | WED | THU | FRI | SAT | SUN | TOTAL EXPENSES | WEEKIY <br> BUDGET | OVER / UNDER |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Groceries |  |  |  |  |  |  |  |  |  |  |
| Restaurants |  |  |  |  |  |  |  |  |  |  |
| Laundry/Dry Cleaning |  |  |  |  |  |  |  |  |  |  |
| Medical/Dental |  |  |  |  |  |  |  |  |  |  |
| Auto/Gas/ Parking |  |  |  |  |  |  |  |  |  |  |
| Other <br> Transportation |  |  |  |  |  |  |  |  |  |  |
| Child Care |  |  |  |  |  |  |  |  |  |  |
| Personal Care |  |  |  |  |  |  |  |  |  |  |
| Clothing |  |  |  |  |  |  |  |  |  |  |
| Bank Fees/ <br> Postage |  |  |  |  |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |  |  |  |  |
| Books/Music/ Video |  |  |  |  |  |  |  |  |  |  |
| Cigarettes/ Alcohol |  |  |  |  |  |  |  |  |  |  |
| Gifts/Cards |  |  |  |  |  |  |  |  |  |  |
| Home/Garden |  |  |  |  |  |  |  |  |  |  |
| Church/Charity Contributions |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |  |  |
| WEEKLY EXPENS | OTALS |  |  |  |  |  |  |  |  |  |

Notes

## Monthly Expenses

| ITEM | WEEK 1 | WEEK 2 | WEEK 3 | WEEK 4 | WEEK 5 | TOTAL EXPENSES | MONTHLY BUDGET | OVER / UNDER |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Savings |  |  |  |  |  |  |  |  |
| Groceries |  |  |  |  |  |  |  |  |
| Restaurants |  |  |  |  |  |  |  |  |
| Laundry/Dry Cleaning |  |  |  |  |  |  |  |  |
| Medical/Dental |  |  |  |  |  |  |  |  |
| Auto/Gas/ <br> Parking |  |  |  |  |  |  |  |  |
| Other <br> Transportation |  |  |  |  |  |  |  |  |
| Child Care |  |  |  |  |  |  |  |  |
| Personal Care |  |  |  |  |  |  |  |  |
| Clothing |  |  |  |  |  |  |  |  |
| Bank Fees/ Postage |  |  |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |  |  |
| Books/Music/ Video |  |  |  |  |  |  |  |  |
| Cigarettes/ Alcohol |  |  |  |  |  |  |  |  |
| Gifts/Cards |  |  |  |  |  |  |  |  |
| Home/Garden |  |  |  |  |  |  |  |  |
| Church/Charity Contributions |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |  |  |
| MONTHLY TOTAL |  |  |  |  |  |  |  |  |

Notes

## Recommended Budget Guidelines

## Housing

Spend no more than $35 \%$ of net income on housing. Depending on whether you rent or own, that can include: mortgage/rent, utilities, insurance, taxes,
 and home maintenance.

## Savings

Save at least 10\% of income throughout your working life. Make sure you have 3-6 months income in an emergency fund before you start saving for other goals.

## Transportation

Spend no more than $15 \%$ of net income on transportation. That includes: car payment, auto insurance, tag or license, maintenance, gasoline, and parking.

## Debt

Spend no more than $15 \%$ of net income on all other consumer debt: student loans, retail installment contracts, credit cards, personal loans, tax debts, and medical debts.

## Other

Spend no more than $25 \%$ of net income on all other expenses: food, clothing, entertainment, childcare, medical expenses, tithing/charity, and vacations.

## Adjust Your Plan

If the amount you are now saving falls short of the amount you need to save to reach your goals, here are some questions to ask yourself:

- Are you paying yourself first by putting away at least 10 percent of your after-tax income?
- Could you increase the amount you're saving by earning more or spending less?
- Did you set reasonable, achievable goals?
- Could you delay the target date of any of your goals?

You should reevaluate your spending and savings plan annually, or whenever there is a big change in your financial wants and needs. Remember that a budget is simply a priority list-by following it you are ensuring that your money is used to acquire the things, or reach the goals, that are most important to you.

