

Financial Survey 7/8/09

Name: _____ **Date:** _____

Write in how much you spend for each item listed. Use monthly amounts if possible, or indicate how often it is paid and how long of a period it covers. If you are not sure of any particular amount, just use your best guess. If an item is zero, then write in 0.

Write in any expenses not already listed, or use 'other.' Use back of sheet as needed.

Housing:

- Mortgage/Rent _____
- Property Taxes _____
- Property Insurance _____
- Electricity _____
- Cable TV _____
- Internet _____
- Heat/Gas _____
- Water _____
- Sewer/Septic _____
- Phone (wired) _____
- Phone (cell) _____
- Repairs/Maintenance _____
- Professional Services _____
- Other _____

Transportation:

- Car Payment(s) _____
- Gasoline _____
- Oil/Fluids _____
- License Plates _____
- Car Insurance _____
- Taxes (if any) _____
- Repair/Maintenance _____
- Saving toward replacement _____
- Other _____

Food:

Groceries _____ Animal Feed _____

Entertainment:

- Eating Out _____
- Videos/Movies _____
- Vacation _____
- Outings/Field Trips _____
- Sports _____
- Lessons _____
- Subscriptions _____
- Gift-giving _____
- Hobbies _____
- Other _____

Clothing:

- New Clothing (non-gift) _____
- Shoes _____
- Uniforms _____
- Specialty Clothing _____
- Seasonal Clothing _____

Medical:

- Insurance/Co-pay _____
- prescriptions _____
- Medical Supplies _____
- Dental _____
- Eye Care _____
- Veterinary Bills _____

Miscellaneous:

- Toiletries _____
- Office Supplies _____
- Dish/Laundry Supplies _____
- Personal Hygiene Supplies _____
- Habits (smoking, etc.) _____
- Other _____

Insurance (other than auto, home, health):

Child Care/ Adult or child Education:

- Tuitions _____
- Fees _____
- Tutoring _____
- Babysitting/Day care _____

Charitable Giving:

Total Savings/Investments/IRA's/Stocks:

Type	Balance	Type	Balance
_____	_____	_____	_____
_____	_____	_____	_____

Debt:

Type of debt	Payment	Balance owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income (actual take-home pay):

Source	Amount	How often received?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Major assets:

Type	Value
_____	_____
_____	_____

If more space is needed for any additional information, use back of sheet and place a check mark here [].