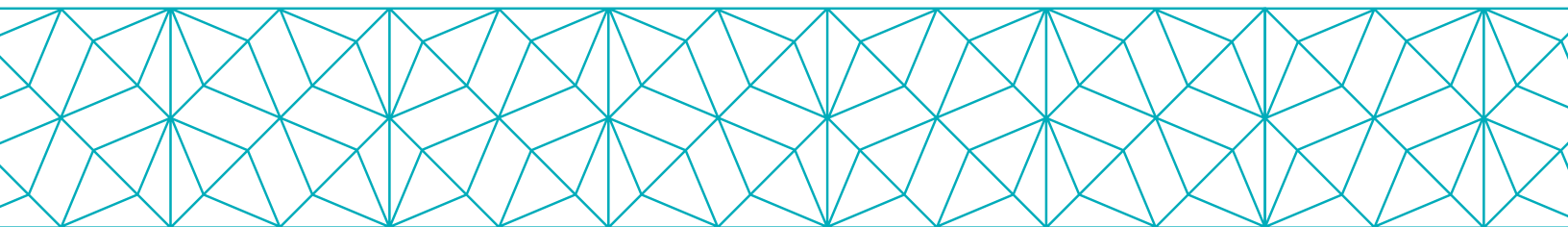




# PERSONAL MONEY MANAGEMENT WORKBOOK



# Personal Money Management Workbook

Instructions for filling out your workbook:

## Step One: General Information.

Tell us about yourself.

## Step Two: How May We Help You?

Write down what you want to achieve by speaking with the financial educator.  
Is there anything the educator should know about your financial situation?

## Step Three: Your Monthly Expenses

This information is necessary for us to assess your spending pattern.

## Step Four: Your Periodic Expenses

Note expenses which occur infrequently or change every month.

## Step Five: Your Financial Obligations

List your credit cards, car loans and other types of loans on this page.

## Step Six: Make An Appointment

Contact George or Ryan to schedule an appointment:

George Beardmore

(800) 940-5009 EXT. 702

george@beardmoreconsultantservices.com

Ryan Beardmore

(800) 940-5009 EXT. 701

ryan@beardmoreconsultantservices.com

Your completed packet is important in helping us identify solutions. Please don't hesitate to call if you have any questions about what information to include.

# Family Data

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Spouse: \_\_\_\_\_

Age: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

## List and prioritize your financial goals for the next 1-2 years

1.

2.

3.

4.

5.

NET INCOME (TAKE HOME)    \$ \_\_\_\_\_

# Basic Monthly Expenses

EXPENSE	DUE DATE	PAYMENT
<b>HOUSING:</b>		
Rent/Mortgage		
Condo Fee/Dues		
Storage Fee		
<b>UTILITIES:</b>		
Electricity		
Gas or Oil Heat		
Water		
Sewer		
Garbage		
Telephone		
Long Distance		
Cellular/Pager		
Internet		
Cable Television		
<b>TRANSPORTATION:</b>		
Gasoline		
Bus Fare		
Parking/Tolls/Etc.		
<b>FOOD:</b>		
Groceries		
Household Supplies		
Lunches (work/school)		
Snacks/Coffee		
<b>INSURANCE:</b>		
Auto		
Life		
Health		
Other		
<b>HEALTH CARE:</b>		
Prescription Medicines		
Doctor		
Dentist		
Counseling		
<b>EDUCATION:</b>		
Tuition		
Books and Fees		
Room and Board		
<b>TOTAL</b>		

EXPENSE	DUE DATE	PAYMENT
<b>PET CARE:</b>		
Food/Etc.		
Veterinarian		
<b>DEPENDENT CARE:</b>		
Day Care/Sitter		
Diapers		
Alimony		
Child Support		
Allowance		
<b>CONTRIBUTIONS:</b>		
Club/Union Dues		
Church/Synagogue		
Charity		
<b>PERSONAL:</b>		
Postage/Film		
Beauty/Barber		
Toiletries/Cosmetics		
Cigarettes/Tobacco		
Health Club		
Newspaper		
Dry Cleaning		
<b>ENTERTAINMENT:</b>		
Meals Out		
Movies/Plays		
Hobbies		
Sports		
Video Rentals		
<b>FEES:</b>		
Checking		
ATM		
<b>SAVINGS:</b>		
Savings Account		
IRA Contribution		
College Fund		
<b>MISCELLANEOUS:</b>		
<b>TOTAL</b>		

# Periodic Expenses

Expense	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Auto Insurance												
Auto Maintenance												
Gifts - Holiday, Birthdays												
Vacation												
Property Taxes												
Home Maintenance												
Tax Preparation Fees												
Taxes Due (Owe)												
Tuition/Books/Fees												
Special Entertaining												
Clothing Purchases												
Subscriptions												
<b>TOTAL:</b>												
<b>GRAND TOTAL:</b>							<b>DIVIDE BY 12 = \$</b>			<b>MONTHLY AVERAGE</b>		

# Outstanding Financial Obligations

The following information must be complete and accurate. All debts must be listed, including those to friends and family. List debts in order of balances with the largest balances first. If additional space is needed, please use the reverse side.

CREDITOR	BALANCE	MONTHLY PAYMENT	INTEREST RATE %	INTEREST PAID	DUE DATE	AMOUNT PAST DUE/ REMARKS
	\$	\$	%	\$		
	\$	\$	%	\$		
	\$	\$	%	\$		
	\$	\$	%	\$		
	\$	\$	%	\$		
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	\$	\$	%	\$		
	\$	\$	%	\$		
<b>TOTALS</b>	<b>\$</b>	<b>\$</b>	<b>%</b>	<b>\$</b>		