

Financial Planning Worksheet

Name _____ Age _____

Pay Grade _____ Transfer Date _____ Yrs. in Svc. _____

Spouse's Name _____ Age _____

Spouse's Place of Employment _____

Number of Children and Ages _____ Boys _____ Girls _____

Command Address _____

Home Address _____

Work Telephone _____ Home Telephone _____

Referred by _____

STATEMENT OF NET WORTH

ASSETS (What you OWN)

CASH/SAVINGS

Cash on hand \$ _____

Checking account \$ _____

Savings account \$ _____

Certificates of Deposit \$ _____

LIFE INSURANCE

Cash value only \$ _____

INVESTMENTS

U.S. Savings Bonds \$ _____

Stocks \$ _____

Bonds \$ _____

Mutual funds \$ _____

IRA \$ _____

IRA (Spouse) \$ _____

401 (k) (Spouse) \$ _____

Investment real estate \$ _____

Other \$ _____

PERSONAL PROPERTY (fair market value)

Home \$ _____

Vacation home \$ _____

Automobiles \$ _____

Other \$ _____
(furniture, jewelry, etc.)

TOTAL ASSETS \$ _____

LIABILITIES (What you OWE)

SHORT-TERM DEBT

Credit card balances \$ _____

Consumer loans \$ _____

Personal loans \$ _____

Auto loans \$ _____

Other (friends, relatives, etc.) \$ _____

LONG-TERM DEBT (balance due)

Home mortgage \$ _____

Other \$ _____
(rental property, student loans, etc.)

TOTAL LIABILITIES \$ _____

YOUR NET WORTH

TOTAL ASSETS \$ _____
(minus)

TOTAL LIABILITIES \$ _____

NET WORTH \$ _____

MONTHLY INCOME					
ENTITLEMENTS	ACTUAL		PROJECTED		REMARKS
★ Base Pay (O/E - ____, ____ yrs.)					
Basic Allowance for Subsistence (BAS)					
Basic Allowance for Housing (BAH)					
Family Separation Allowance (FSA)					
★ Sea Pay					
★ Submarine Pay					
★ Flight Pay/Diving Pay					
★ Other Pay					
★ Other Pay					
TOTAL ENTITLEMENTS Gross Pay (A)					
★ Taxable pay ()					
DEDUCTIONS:					
Federal Taxes (M/S_____)					
FICA - Soc Security					
FICA - Medicare					
▲ SGLI for \$_____					
State Tax					
AFRH					
▲ Dental					
▲ Advance pay (Ends)					
▲ Overpayment (Ends)					
▲ ALLOTMENT (Ends)					
▲ ALLOTMENT (Ends)					
▲ ALLOTMENT (Ends)					
▲ ALLOTMENT (Ends)					
▲ ALLOTMENT (Ends)					
▲ ALLOTMENT (Ends)					
TOTAL DEDUCTIONS (B)					
Service Member's Take Home Pay(A - B)					
Service Member's Other Earnings					
Spouse's Earnings (less taxes)					
SGLI					
Dental					
Advance Pay					
Overpayment					
ALLOTMENT (Ends)					
ALLOTMENT (Ends)					
ALLOTMENT (Ends)					
ALLOTMENT (Ends)					
ALLOTMENT (Ends)					
ALLOTMENT (Ends)					
Savings/Investment Income					
Child Support/Alimony Received					
Other					
TOTAL NET MONTHLY INCOME					

★ NOTE: PAY Entitlements are Taxable. ALLOWANCE Entitlements are Non-Taxable.

▲ NOTE: Add these amounts back in the lower section, and deduct in appropriate category on Living Expense or Indebtedness pages.

SAVINGS AND MONTHLY LIVING EXPENSES

SAVINGS		ACTUAL		PROJECTED		REMARKS
SAVINGS	Emergency Fund					
	Reserve Fund					
	"Goal Getter" Fund					
	Investments					
TOTAL MONTHLY SAVINGS						
LIVING EXPENSES		ESTIMATED/ACTUAL		PROJECTED		
HOUSING	Rent/Mortgage Payment					
	Taxes					
	Repairs					
FOOD	Groceries					
	Lunches					
	Other					
UTILITIES	Electricity					
	Gas/Oil					
	Water/Sewage					
	Garbage Removal					
	Telephone					
TRANSPORTATION	Gas/Oil					
	Bus					
	Car Pool					
	Repairs					
	Other					
INSURANCE	Auto					
	Life					
	Health					
	Other					
CLOTHES	Laundry/Dry Cleaning					
	Clothing Purchased Yearly ÷ 12					
	Other					
HEALTH	Prescription Drugs					
	Doctor and Hospital Visits					
	Dentist					
EDUCATION	Tuition					
	Books					
	Fees					
	Other					
CONTRIBUTIONS	Club Dues					
	Church					
	Charity					
SUBSCRIPTIONS	Newspapers/Magazines					
	Computer/Internet					
	CDs/Books					
	Cable TV					
PERSONAL	Beauty Shop					
	Barber Shop					
	Cigarettes					
	Soda					
	Liquor/Beer					
ENTERTAINMENT	Dinner					
	Movies					
	Hobbies					
	Sports					
	Other					
DEPENDENT CARE	Child Care					
	Child Support					
	Alimony					
	Allowances					
MISCELLANEOUS	Pet Care					
	Other					
	Other					
TOTAL MONTHLY LIVING EXPENSES						

INDEBTEDNESS

INSTRUCTIONS: The following information must be listed completely and accurately. If exact figures are unknown, call the creditors and get the information needed. All debts must be listed, including those to friends and relatives. Please bring the completed forms with you for your appointment scheduled on _____ at _____.

CREDITOR	ADDRESS/PHONE	PURPOSE	MINIMUM MONTHLY PAYMENT	BALANCE	PROJECTED PAYMENT	REMARKS (Priority)	APR
(Acct. No.)							
(Acct. No.)							
(Acct. No.)							
(Acct. No.)							
(Acct. No.)							
(Acct. No.)							
(Acct. No.)							
(Acct. No.)							
(Acct. No.)							
(Acct. No.)							
(Acct. No.)							
DEBT-TO-INCOME RATIO _____%			TOTAL	TOTAL	TOTAL		AVG.
(MONTHLY DEBT PAYMENTS ÷ NET INCOME) X 100							

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH AN EXTRA SHEET.

	ESTIMATED	ACTUAL	PROJECTED		ESTIMATED	ACTUAL	PROJECTED	
TOTAL NET MONTHLY INCOME (Page 2)	\$			AMOUNT LEFT TO PAY DEBTS CARRIED FORWARD	\$			
TOTAL MONTHLY SAVINGS (Page 3)	\$				MONTHLY DEBTS (Page 4)	\$		
TOTAL MONTHLY LIVING EXPENSES (Page 3)	\$					\$		
AMOUNT LEFT TO PAY DEBTS (Carry forward to next column)	\$				SURPLUS (+) or DEFICIT (-)	\$		

PROPOSED OPTIONS
(Project item and amount)

Decrease Living Expenses	Increase Income	Decrease Indebtedness

REFERRALS

1.	4.
2.	5.
3.	6.

SETTING YOUR GOALS

Use the space below to list financial goals you would like to achieve. If you currently owe money on car or furniture loans, or if you have run up the balances on your credit/bank/department store cards, your first goal might be to pay off these debts. Try planning for the next three months and see how things "shape up."

Goal	Cost (How much you need to save)	÷	Date Wanted (Number of months from now)	=	Monthly Savings to Reach Goal
1.					
2.					
3.					
4.					
5.					