



Your Financial Starting Line: Cash Flow Worksheet

(+) Money In
Monthly Income

(-) Money Out
Monthly Expenses

(-) Money Owed
Monthly Debt

Money Remaining
Monthly Cash Flow

\$

\$

\$

\$

Average Monthly

Average Monthly (Page 2)

Minimum Payments

Income - (Expenses + Debt)

Income (Money In)

Paycheck(s): \$ _____ Rental property: \$ _____

Business Income: \$ _____ Other/Misc.: \$ _____

Investments: \$ _____ Total Monthly Income: \$ _____

Debt (Money Out)

Mortgage	Balance	Interest	Monthly Payment
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____

Credit Card/LOC	Balance	Interest	Monthly Payment
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____

Loan	Balance	Interest	Monthly Payment
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____

Auto Loan	Balance	Interest	Monthly Payment
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____

Total Monthly Debt: \$ _____



Expenses (Money Out)

Household Expenses			Personal Expenses		
	Amount	Frequency		Amount	Frequency
Rent/Lease	\$ _____	()	Medical/Dental Co-Payment	\$ _____	()
Home Maintenance	\$ _____	()	Medications	\$ _____	()
Property Taxes	\$ _____	()	Retirement Fund	\$ _____	()
Association Fees	\$ _____	()	Savings	\$ _____	()
Electricity	\$ _____	()	Tuition/Materials	\$ _____	()
Home Gas	\$ _____	()	Eating Out	\$ _____	()
Water	\$ _____	()	Child Care	\$ _____	()
Sewer	\$ _____	()	Lessons	\$ _____	()
Cable/Satellite TV	\$ _____	()	Sports	\$ _____	()
Internet Service	\$ _____	()	Fitness Club Membership	\$ _____	()
Newspaper/Magazine Subscription(s)	\$ _____	()	Presents/Gifts	\$ _____	()
Telephone	\$ _____	()	Vacations	\$ _____	()
Cell/Mobile Phone	\$ _____	()	Clothing	\$ _____	()
Groceries/Household Items	\$ _____	()	Dry Cleaning	\$ _____	()
Trash Pickup Fee	\$ _____	()	Donations	\$ _____	()
Yard Maintenance	\$ _____	()	Tithing/Offering	\$ _____	()
Pool Service	\$ _____	()	Leisure	\$ _____	()
Pest Control	\$ _____	()	Miscellaneous/Other	\$ _____	()
House Cleaning Service	\$ _____	()			
Miscellaneous/Other	\$ _____	()			
Insurance Expenses			Auto Expenses		
	Amount	Frequency		Amount	Frequency
Homeowners Insurance	\$ _____	()	Fuel	\$ _____	()
Life Insurance	\$ _____	()	Maintenance	\$ _____	()
Automobile Insurance	\$ _____	()	Automobile Lease	\$ _____	()
Liability Insurance	\$ _____	()	Parking	\$ _____	()
Health Insurance	\$ _____	()	Registration	\$ _____	()
Identity Theft Insurance	\$ _____	()	Safety Check	\$ _____	()
Miscellaneous/Other	\$ _____	()	Miscellaneous/Other	\$ _____	()

Frequency: w = weekly, m = monthly, bi-m = bi-monthly, semi = semi annually, a = annually

Total Monthly Expenses: \$ _____