

FINANCIAL BUDGET FORM

NAME		SSN#	
UNIT	PHONE#		DATE:
	OLD PLAN	+/-	NEW PLAN
INCOME BEFORE DEDUCTIONS	\$ -		\$ -
MILITARY PAY			
SPOUSE'S PAY			
OTHER INCOME OR BENEFIT			
TOTAL INCOME	\$ -	\$ -	\$ -
(1) DEDUCTIONS			
FEDERAL TAX (# OF EXEMPTIONS _____)			
STATE TAX			
SOCIAL SECURITY (FICA)/MEDICARE			
OTHER			
(2) EXPENSES			
RENT/MORTGAGE			
HOUSEHOLD INSURANCE & TAXES			
HOUSEHOLD MAINTENANCE			
UTILITIES---GAS & ELECTRIC			
WATER AND TRASH			
TELEPHONE			
CABLE			
FOOD AND HOUSEHOLD SUPPLIES			
CHILD CARE			
INFANT EXPENSES (DIAPERS/FORMULA)			
VEHICLES (# _____) PAYMENT			
FUEL			
INSURANCE			
MAINTENANCE			
LIFE INSURANCE			
HEALTH INSURANCE/EXPENSES			
EMERGENCY FUNDS			
SAVINGS DEPOSITS			
SUBTOTAL OF DEDUCTIONS AND EXPENSES	\$ -	\$ -	\$ -
(3) DEBTS (INCLUDE ALLOTMENTS/COLLECTIONS)			
(a.)			
(b.)			
(c.)			
(d.)			
(e.)			
(f.)			
(g.)			
(h.)			
TOTAL OF DEBTS	\$ -	\$ -	\$ -
TOTAL INCOME	\$ -	\$ -	\$ -
TOTOAL OF (1), (2) & (3)	\$ -	\$ -	\$ -
SURPLUS OR DEFICIT	\$ -	\$ -	\$ -

LIST WRITTEN PLANS ON BACK OF THIS FORM