

FINANCIAL

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GOALS

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Monthly Budget Worksheet

MONTHLY INCOME	Budget	Actual	Difference
Expected income/tips (after tax)	0.00	0.00	-
Other	0.00	0.00	-
Total MONTHLY INCOME	-	-	-

LIVING EXPENSES	Budget	Actual	Difference
Rent/mortgage			-
Renters/home insurance			-
Electricity			-
Gas			-
Water			-
Phone			-
Cable/satellite			-
Internet			-
Furnishings/appliances			-
Lawn/garden			-
Home supplies			-
Maintenance			-
Clothing			-
Other			-
Total LIVING EXPENSES	-	-	-

PERSONAL	Budget	Actual	Difference
Child care (Food, clothing etc.)			-
Pet care (Medical, food etc.)			-
Laundry/drycleaning			-
Hair/body/beauty products			-
Hair cuts			-
Holiday/birthday gifts			-
Postage			-
Travel (trips home)			-
Computer			-
Other			-
Total PERSONAL	-	-	-

FOOD	Budget	Actual	Difference
Groceries			-
Take-out			-
Meals/drinks out			-
Other			-
Total FOOD	-	-	-

TRANSPORTATION	Budget	Actual	Difference
Car payments			-
Car insurance			-
Gas			-
Bus/Taxi/Train/Subway fare			-
Maintenance and repairs			-
Parking			-
Registration/license			-
Other			-
Total TRANSPORTATION	-	-	-

HEALTH	Budget	Actual	Difference
Medical			-
Dental			-
Eye Care			-
Prescriptions			-
Other			-
Total HEALTH	-	-	-

MONTHLY BUDGET SUMMARY	Budget	Actual	Difference
Total Income	0.00	0.00	0.00
Total Expenses/Savings	0.00	0.00	0.00
NET	0.00	0.00	0.00

SAVINGS	Budget	Actual	Difference
Emergency fund			-
Savings			-
Investments			-
Other			-
Total SAVINGS	-	-	-

PAYMENTS	Budget	Actual	Difference
Loan			-
Other Loan			-
Credit Card #1			-
Credit Card #2			-
Credit Card #3			-
Child support			-
Taxes			-
Other			-
Total PAYMENTS	-	-	-

ENTERTAINMENT	Budget	Actual	Difference
Videos/DVDs			-
Music			-
Games			-
Rentals			-
Movies/theater			-
Concerts			-
Books			-
Hobbies			-
Photos			-
Sports			-
Toys/gadgets			-
Memberships			-
Subscriptions (newspaper, mag)			-
Other (alcohol, clubs)			-
Total ENTERTAINMENT	-	-	-

VACATION	Budget	Actual	Difference
Travel			-
Lodging			-
Food			-
Rental Car			-
Entertainment			-
Other			-
Total VACATION	-	-	-

INSURANCE	Budget	Actual	Difference
Life			-
Life			-
Health			-
Disability/Critical Illness			-
Total INSURANCE	-	-	-

MY PERSONAL INVENTORY

A RECORD OF IMPORTANT DOCUMENTS AND INFORMATION

PERSONAL INVENTORY

Date: _____

Personal Information

Name: _____ SIN: _____ D.O.B. dd / mm / yy

Address: _____

Home Tel: _____ Cell: _____ Email: _____

Partner/Spouse _____ SIN: _____ D.O.B. dd / mm / yy

Address: _____

Home Tel: _____ Cell: _____ Email: _____

Lawyer: Name: _____ Tel: _____

Address: _____ Email: _____

Accountant: Name: _____ Tel: _____

Address: _____ Email: _____

Tax Preparer: Name: _____ Tel: _____

Address: _____ Email: _____

Physician: Name: _____ Tel: _____

Address: _____ Email: _____

Financial Name: _____ Tel: _____

Representative: Address: _____ Email: _____

Employment Information:

Employer: _____

Address: _____

Tel No: _____ Email: _____

Group Benefits: ☐ Yes ☐ No Benefit Carrier: _____

Group Pension: ☐ Yes ☐ No Pension Company: _____

Location of Documents:

Safety Deposit Box: ☐ Yes ☐ No Location of Key: _____

Financial Institution: _____ Box No. _____

Location of Marriage Certificate: _____

Location of Divorce Documents: _____

Location of Birth Certificate: _____

Location of Income Tax Returns: _____

Location of Passport: _____

Children

Name:	_____	D.O.B.	<u>dd / mm / yy</u>	M / F
Name:	_____	D.O.B.	<u>dd / mm / yy</u>	M / F
Name:	_____	D.O.B.	<u>dd / mm / yy</u>	M / F
Name:	_____	D.O.B.	<u>dd / mm / yy</u>	M / F
Name:	_____	D.O.B.	<u>dd / mm / yy</u>	M / F

Will ☐ Yes ☐ No

Date of Last Will: dd / mm / yy Is Will Notarized: ☐ Yes ☐ No

Location of Will (or copy): _____

Executor

Name:	_____	Tel No.:	_____
Address:	_____		
Name:	_____	Tel No.:	_____
Address:	_____		
Name:	_____	Tel No.:	_____
Address:	_____		
Name:	_____	Tel No.:	_____
Address:	_____		
Alternate	_____	Tel No.:	_____
Executor:	_____		

POWER OF ATTORNEY ☐ Yes ☐ No

Date: dd / mm / yy Location of Original/Copy: _____

Named PofA: _____ Tel No.: _____

Address: _____

FUNERAL ARRANGEMENTS

Instructions for Funeral:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who Will Handle Arrangements:	_____
Instructions are Detailed:	<input type="checkbox"/> In Will	<input type="checkbox"/> In Another Document Located:	_____
Pre-arranged Contract:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Contract:	_____
Funeral Home	Name: _____		
	Address: _____		

INSURANCE POLICIES

Life Insurance	Insurer:	_____	Policy No:	_____
	Broker Name:	_____	Tel. No:	_____
	Location of Policy:	_____		
	Insurer:	_____	Policy No:	_____
	Broker Name:	_____	Tel. No:	_____
	Location of Policy:	_____		
Accidental	Insurer:	_____	Policy No:	_____
Death	Broker Name:	_____	Tel. No:	_____
	Location of Policy:	_____		
Critical	Insurer:	_____	Policy No:	_____
Illness	Broker Name:	_____	Tel. No:	_____
	Location of Policy:	_____		
Disability	Insurer:	_____	Policy No:	_____
	Broker Name:	_____	Tel. No:	_____
	Location of Policy:	_____		
Loan Insurance	Insurer:	_____	Policy No:	_____
	Institution:	_____	Tel. No:	_____
	Location of Policy:	_____		
Home Insurance	Insurer:	_____	Policy No:	_____
	Broker Name:	_____	Tel. No:	_____
	Location of Policy:	_____		
Auto Insurance	Insurer:	_____	Policy No:	_____
	Broker Name:	_____	Tel. No:	_____
	Location of Policy:	_____		
Other Insurance	Insurer:	_____	Policy No:	_____
	Broker Name:	_____	Tel. No:	_____
	Location of Policy:	_____		
Other Insurance	Insurer:	_____	Policy No:	_____
	Broker Name:	_____	Tel. No:	_____
	Location of Policy:	_____		

INVESTMENTS AND BANK ACCOUNTS

Financial Institution or Company	_____	Acct. No.	_____
Address:	_____		
Name of Contact:	_____	Tel. No.	_____
Account No.:	_____	_____	_____
Category:	_____	_____	_____
(Savings, Chequing, Non-Registered, TFSA, RRSP, RRIF, LIRA, LIF, Other)			

Financial Institution or Company	_____	Acct. No.	_____
Address:	_____		
Name of Contact:	_____	Tel. No.	_____
Account No.:	_____	_____	_____
Category:	_____	_____	_____
(Savings, Chequing, Non-Registered, TFSA, RRSP, RRIF, LIRA, LIF, Other)			

Financial Institution or Company	_____	Acct. No.	_____
Address:	_____		
Name of Contact:	_____	Tel. No.	_____
Account No.:	_____	_____	_____
Category:	_____	_____	_____
(Savings, Chequing, Non-Registered, TFSA, RRSP, RRIF, LIRA, LIF, Other)			

Financial Institution or Company	_____	Acct. No.	_____
Address:	_____		
Name of Contact:	_____	Tel. No.	_____
Account No.:	_____	_____	_____
Category:	_____	_____	_____
(Savings, Chequing, Non-Registered, TFSA, RRSP, RRIF, LIRA, LIF, Other)			

Financial Institution or Company	_____	Acct. No.	_____
Address:	_____		
Name of Contact:	_____	Tel. No.	_____
Account No.:	_____	_____	_____
Category:	_____	_____	_____
(Savings, Chequing, Non-Registered, TFSA, RRSP, RRIF, LIRA, LIF, Other)			

DEBTORS (Persons or Organizations)

Contact Person: _____
Address: _____

Tel. No: _____
Email: _____

Contact Person: _____
Address: _____

Tel. No: _____
Email: _____

FINANCIAL OBLIGATIONS

Line of Credit [] Yes [] No

Financial Institution: _____
Financial Institution: _____
Financial Institution: _____

Acct. No: _____
Acct. No: _____
Acct. No: _____

Personal Loan

Financial Institution: _____
Financial Institution: _____
Financial Institution: _____

Acct. No: _____
Acct. No: _____
Acct. No: _____

Credit Card

Financial Institution: _____
Financial Institution: _____
Financial Institution: _____

Acct. No: _____
Acct. No: _____
Acct. No: _____

BANKING SERVICES

Financial Institution: _____

Debit Card No: _____

Online User No: _____ Password: _____

Financial Institution: _____

Debit Card No: _____

Online User No: _____ Password: _____

Financial Institution: _____

Debit Card No: _____

Online User No: _____ Password: _____

PERSONAL PROPERTY

Tenant *(if you are a renter)*

Owner: _____

Tel No: _____

Address: _____

Email: _____

Location of Lease: _____

Principal Residence

Sole Owner

Joint Owner

☐ Yes ☐ No

☐ Yes ☐ No

Name of Co-Owner: _____

Tel. No: _____

Location of Deed: _____

Mortgage on this Property

☐ Yes ☐ No

Financial Institution: _____

Life Insurance _____

Disability Insurance _____

Location of Mortgage Contract: _____

Other Residence

Sole Owner

Joint Owner

☐ Yes ☐ No

☐ Yes ☐ No

Name of Co-Owner: _____

Tel. No: _____

Location of Deed: _____

Mortgage on this Property

☐ Yes ☐ No

Financial Institution: _____

Life Insurance _____

Disability Insurance _____

Location of Mortgage Contract: _____

Vehicles

Vehicle #1: _____

Vehicle #2: _____

Personal Effects *(ie. Boat, Jewellery, Valuables)*

Item: _____ Location _____

Item: _____ Location _____

Item: _____ Location _____

Item: _____ Location _____

Item: _____ Location _____

Item: _____ Location _____

ONLINE SERVICES

Email:	Username: _____	Password: _____
	Username: _____	Password: _____
	Username: _____	Password: _____

Social Media:

<i>ie. Facebook, Instagram</i>	Username: _____	Password: _____
_____	Username: _____	Password: _____
_____	Username: _____	Password: _____

Other passwords:

[illegible]

OTHER INFORMATION/NOTES	

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.