

# Personal Financial Profile

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_  
 Minus Total Monthly Expenses \$ \_\_\_\_\_  
 Balance (+/-) \$ \_\_\_\_\_

### MONTHLY INCOME

Item	Applicant	Spouse	Other
Salary, Wages, Commissions			
Pensions			
Alimony and/or Child Support			
Social Security/Disability			
DHHS Food Stamps			
Other Government Assistance (Housing, etc)			
<b>TOTAL MONTHLY INCOME</b>	\$ _____	\$ _____	\$ _____

### CASH & SAVINGS

Item	Applicant	Spouse	Other
Checking Account			
Savings Account			
Investment Accounts			
Retirement Accounts (401K, IRA, etc)			

### MONTHLY EXPENDITURES

Category	Item	Monthly Amount	Amount Past Due	Balance	Category	Item	Monthly Amount	Amount Past Due	Balance	
1. Giving	Tithe				6. Debt	VISA				
	Other Charitable Giving					MasterCard				
	<b>TOTAL GIVING</b>					Other Credit Cards				
2. Savings	Emergency Fund					Store Credit Cards				
	Long Term (401k, etc)					Bank Loans (Home equity, etc)				
	<b>TOTAL SAVING</b>					Student Loans				
3. Housing	Mortgage/Rent					Other Loans (Friend, Family, etc)				
	Property Taxes					<b>TOTAL LOANS</b>				
	Natural Gas					7. Household	Food (Groceries, lunches, etc)			
	Electricity						Alcohol/Tobacco			
	Water				Clothing					
	Trash				Personal Care (Barber, Salon, etc)					
	Cell Phone				Other (Gifts, pets, appliances, etc)					
	Landline phone				<b>TOTAL HOUSEHOLD</b>					
	Internet/Cable				8. Entertainment	Movies				
	Cable TV					Dining Out				
	Home Maintenance					Child Activities (Allowances, etc)				
Lawn Care				Sports and Hobbies						
	<b>TOTAL HOUSING</b>				<b>TOTAL ENTERTAINMENT</b>					
4. Insurance	Home Owners/Rent Insurance				9. Prof Services	Alimony/Child Support				
	Auto Insurance					Child Care (Tuition, etc)				
	Life Insurance					Medical/Dental/Vision				
	Health Insurance					Prescriptions				
	Other (Disability, Long Term Care, etc)					Counseling				
<b>TOTAL INSURANCE</b>				Other (Membership, legal fees, etc)						
5. Transportation	Auto Loan/Lease				<b>TOTAL PROF SERVICES</b>					
	Gasoline/Bus Tickets/Parking				10. Cash	<b>TOTAL CASH</b> (Coffee, newspaper, etc)				
	Auto Maint (repairs, auto reg, license, etc)									
	<b>TOTAL TRANSPORTATION</b>					<b>TOTAL MONTHLY EXPENSES</b> (Total of Categories 1-10)				