

THE LIVING WELL TEAM

CASH FLOW BUDGET WORKSHEET



(781) 446-5000

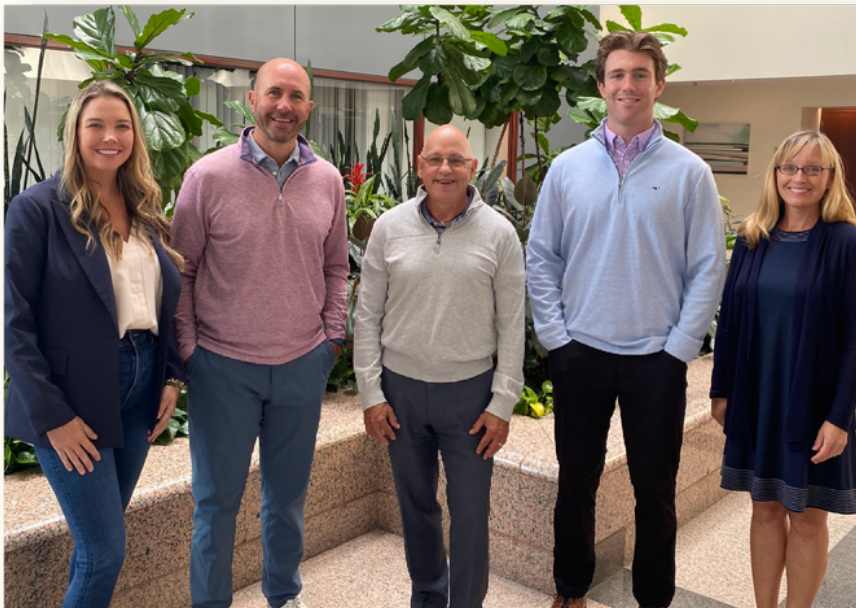
www.livingwellteamcfg.com

160 Gould Street, Suite 212
Needham Heights, MA 02494

THE LIVING WELL EXPERIENCE

We created a business that empowers people to live well personally, professionally and financially through a collaborative, advice driven, and forward-thinking process. We are a behavioral driven financial planning team which integrates a connection to overall wellness to help our clients transition from thinking they are well planned, to knowing they are in the best position to succeed.

We have developed a process to reduce complex situations into simple solutions to help you achieve more satisfying results. No matter where you are in your journey, our primary goal is to educate, organize and prepare you to live well. We appreciate the opportunity to be an integral part of your journey.



EMPOWER

Cash Flow Worksheet

Date: _____

HOUSING

1ST Mortgage: PITI Total payment _____

Interest Rate _____ Years _____ Type: Adjustable _____ Fixed _____ Date Started _____

Note:

Homeowner's Insurance _____

Flood Insurance _____

Jewelry Insurance _____

Real Estate Taxes _____

Additional Principal _____

2nd Mortgage _____

Home Equity Loan _____ Terms: Rate _____ Years _____ Date Started _____

		Monthly	Quarterly	Annually
Electric	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil / Gas for Home	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water/Sewer/Well Water Supplies	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Collection	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone – Landline	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell Phone	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Connection	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable/Satellite Television	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streaming Services (Netflix, Disney+, Etc)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottled Drinking Water	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security Alarm Monitoring	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Owner's Association Dues	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Assessments	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning Services	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawn Maintenance	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snow Removal	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pesticide Spraying: Home	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler System Maintenance	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fertilization	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool Service & Chemicals	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper/Magazines	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Maintenance/Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRANSPORTATION

Auto Payment #1	_____	Year _____	Make _____	Model _____	Mileage _____
Auto Payment #2	_____	Year _____	Make _____	Model _____	Mileage _____
		Monthly	Quarterly	Annually	
Auto Gas #1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auto Gas #2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auto Insurance	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auto Repairs	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auto Maintenance	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public Transportation	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tolls	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auto Tags	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auto License	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auto Club	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rental Car	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motorcycle	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boat Payment	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boat Gas	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boat Repair	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RV	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ride Share Services	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CLOTHING

		Monthly	Quarterly	Annually
Dry Cleaning/Tailor	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uniforms	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing/Shoes	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FURNISHINGS & APPLIANCES

		Monthly	Quarterly	Annually
Home Furnishings	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laptop/Phone/Tablets	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Improvements	_____	Type _____	_____	Expected Costs _____

FAMILY CARE

		Monthly	Quarterly	Annually
Child Support Payments	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daycare	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After-School Care	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Financial Asst.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Children/	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandchildren Financial Asst.				

Tutoring	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private School	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uniforms	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sports	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Needs	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowance	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Plans	_____	529 _____	Coverdell _____	UTMA _____
College Plans	_____	529 _____	Coverdell _____	UTMA _____

PETS

		Monthly	Quarterly	Annually
Food	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vet Expenses	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pet Insurance	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boarding/Grooming/Daycare	_____	Obedience Training _____		
Other	_____			

PERSONAL CARE

		Monthly	Quarterly	Annually
Haircuts/Color	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manicure/Pedicure	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Massage	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness Program/Health Club/Gym	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamins & Supplements	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spa Services	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toiletries	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATION

		Monthly	Quarterly	Annually
Books	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licenses & Professional Dues/Fees	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing Education	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Interests & Hobbies	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____			

INSURANCE

Medical Premiums	_____	Co-pays & Expenses	_____
Dental Premiums	_____	Co-pays & Expenses	_____
Prescription Drugs	_____	Types	_____
Vision Premiums	_____	Life Insurance Premiums	_____
Long Term Care Premiums	_____	Disability Premiums	_____

ENTERTAINMENT

		Monthly	Quarterly	Annually
Golf	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ski Passes	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Country Club	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movies	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing Arts	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sporting Events	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Season Tickets	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerts	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hobbies	_____	Classes _____		Supplies _____
Other	_____			

CHARITABLE CONTRIBUTIONS

		Monthly	Quarterly	Annually
Deductible Contributions	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Deductible Contributions	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOLIDAYS & GIFTS

		Monthly	Quarterly	Annually
Holidays	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birthdays	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Events	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VACATIONS

		Monthly	Quarterly	Annually
Travel (Airfare, Car Rentals, Etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lodging (Hotels, AirBnB's, Etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Share Programs	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEBT/INSTALLMENT PAYMENTS

CREDIT CARD DEBT

NAME	BALANCE	PAYMENT / MINIMUM PAYMENT	INTEREST RATE

SCHOOL LOAN DEBT

NAME	BALANCE	PAYMENT / MINIMUM PAYMENT	INTEREST RATE

OTHER DEBT

NAME	BALANCE	PAYMENT / MINIMUM PAYMENT	INTEREST RATE

Notes: _____

CASH EXPENSES (NOT INCLUDED IN ABOVE)

Lottery Tickets /Gambling _____
Other _____ Other _____

CONTRIBUTIONS TO INVESTMENT AND RETIREMENT PLANS

Details on asset and liabilities page

Traditional IRA	_____	_____
Spousal IRA	_____	_____
Roth IRA	_____	_____
401 (k)	_____	_____
403 (b)	_____	_____
SIMPLE IRA	_____	_____
SEP (Simplified Employee Pension)	_____	_____
Mutual Fund Accounts	_____	_____
Brokerage Accounts	_____	_____
Stock Purchase Plans	_____	_____
Other Qualified Retirement Plans	_____	_____
Savings Bonds	_____	_____
Money Market	_____	_____
Regular Savings	_____	_____
Emergency Fund	_____	_____

FOOD & DINING

Grocery Store Food	_____		
Warehouse Club	_____		
Beverages: Alcoholic	_____		
Beverages: Non-Alcoholic	_____		
Dining Out:			
Breakfast	_____	Dinner	_____
Lunch	_____	Coffee	_____

MISCELLANEOUS

Do you keep written documentation of expenses _____ System Used _____

Notes (other items not referenced above):



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Needham Heights, MA

Marshfield, MA

Attleboro, MA

Concord, MA

Osterville, MA

West Dennis, MA

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