



# LEGACY ONE

## FINANCIAL

LIFE IN ABUNDANCE

## CURRENT BUDGET

Client's Name: \_\_\_\_\_

Date: \_\_\_\_\_

	Monthly	or	Annual		Monthly	or	Annual
<b>HOUSING</b>				<b>PERSONAL CARE AND CASH</b>			
Mortgage	_____		_____	Dry Cleaning	_____		_____
Condo Fees / Association Fees	_____		_____	Hair / Nails / Facials	_____		_____
Electricity / Gas	_____		_____	Cosmetics / Shoe Shine	_____		_____
Water	_____		_____	Massage	_____		_____
Garbage Removal	_____		_____	Health Club	_____		_____
Telephone / PC	_____		_____	Other	_____		_____
Cable / Sattelite TV / Internet	_____		_____	Total	_____		_____
Security System	_____		_____	<b>MEDICAL / DENTAL / VISION</b>			
Pool Service	_____		_____	Co-Pay(s) / Deductibles	_____		_____
Lawn Service	_____		_____	Prescriptions /	_____		_____
Maid Service	_____		_____	Health Care Costs	_____		_____
Maintenance / Improvements	_____		_____	Vitamins	_____		_____
Property Taxes	_____		_____	Other	_____		_____
Pest / Bug Service	_____		_____	Total	_____		_____
Homeowner's Insurance / Other	_____		_____	<b>EDUCATION / SELF IMPROVEMENT</b>			
Total	_____		_____	Private School / College	_____		_____
<b>CHILD CARE</b>				Classes / Books / Paper	_____		_____
Support Payments	_____		_____	Association Fees /	_____		_____
Daycare / Education	_____		_____	Subscriptions	_____		_____
Sports Activities	_____		_____	Hobbies / Other	_____		_____
Other	_____		_____	Total	_____		_____
Total	_____		_____	<b>INSTALLMENT DEBT PAYMENTS</b>			
<b>TRANSPORTATION</b>				Student Loans	_____		_____
Loan / Lease Payment #1	_____		_____	Credit Cards	_____		_____
Loan / Lease Payment #2	_____		_____	Other	_____		_____
Loan / Lease Payment #3	_____		_____	Total	_____		_____
Gasoline	_____		_____	<b>PROFESSIONAL SERVICES</b>			
Maintenance / Improvements	_____		_____	Financial Planner	_____		_____
Registration / Inspection /	_____		_____	Accountant	_____		_____
Excise Tax	_____		_____	Other	_____		_____
Car Insurance	_____		_____	Total	_____		_____
Other	_____		_____	<b>ENTERTAINMENT</b>			
Total	_____		_____	Dining Out	_____		_____
<b>GROCERIES</b>				Sports Tickets	_____		_____
Food / Beverages	_____		_____	Theater Tickets	_____		_____
Household Supplies	_____		_____	Recreation / Hobbies	_____		_____
Other	_____		_____	Movies / Videos	_____		_____
Other	_____		_____	Club Membership Fees	_____		_____
Total	_____		_____	Total	_____		_____
<b>CLOTHING</b>				<b>VACATIONS AND HOLIDAY</b>			
Client #1	_____		_____	Travel Tickets	_____		_____
Client #2	_____		_____	Hotels	_____		_____
Children	_____		_____	Food	_____		_____
Total	_____		_____	Entertainment	_____		_____
<b>FURNISHINGS</b>				Auto	_____		_____
Inside / Outside	_____		_____	Other	_____		_____
Total	_____		_____	Total	_____		_____

