

# FINANCIAL PLANNING WORKSHEET

Date \_\_\_\_\_ SSN \_\_\_\_\_ Rate \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Pay Grade \_\_\_\_\_ Yrs. in Svc. \_\_\_\_\_

Date Reported/PRD (Transfer) \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_

Spouse's Place of Employment \_\_\_\_\_

Number of Children and Ages \_\_\_\_\_

Home Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Command & Referred By (Self, CMD, NMCRS, FFSC, etc.) \_\_\_\_\_

Amount of SGLI Elected \_\_\_\_\_ Amount of FSGLI Elected \_\_\_\_\_

TSP Monthly Contribution \_\_\_\_\_ MGIB Monthly Contribution \_\_\_\_\_

## STATEMENT OF NET WORTH

### ASSETS

Cash on hand \$ \_\_\_\_\_  
 Checking accounts \$ \_\_\_\_\_  
 Savings accounts \$ \_\_\_\_\_  
 Certificates of Deposit \$ \_\_\_\_\_  
 Cash value of Life Insurance \$ \_\_\_\_\_  
 U.S. Savings Bonds \$ \_\_\_\_\_  
 Mutual Funds/Money Market \$ \_\_\_\_\_  
 Stocks/Bonds \$ \_\_\_\_\_  
 College Funds \$ \_\_\_\_\_  
 401(k)/403(b)/TSP \$ \_\_\_\_\_  
 Other (IRAs, etc.) \$ \_\_\_\_\_  
**Real Estate (Market Value)** \$ \_\_\_\_\_  
 Home \$ \_\_\_\_\_  
 Rental Property \$ \_\_\_\_\_  
 Other (Vac Home/Trailer/Time Share) \$ \_\_\_\_\_  
**Personal Property**  
 Vehicles/Motorcycles/Boats \$ \_\_\_\_\_  
 Furniture \$ \_\_\_\_\_  
 Jewelry \$ \_\_\_\_\_  
 Other (Collectibles, etc.) \$ \_\_\_\_\_

### LIABILITIES

Signature Loans \$ \_\_\_\_\_  
 Auto Loans or Leases \$ \_\_\_\_\_  
 Consolidation Loans \$ \_\_\_\_\_  
 Student Loans \$ \_\_\_\_\_  
 NEX/AAFES (Star Card) \$ \_\_\_\_\_  
 Department Store Credit Cards \$ \_\_\_\_\_  
 Other Credit Cards \$ \_\_\_\_\_  
 NMCRS (Loan) \$ \_\_\_\_\_  
 Other (Friends, Relatives, etc.) \$ \_\_\_\_\_  
 Advance/Over Payments \$ \_\_\_\_\_  
**Mortgages-Balances Due**  
 Home \$ \_\_\_\_\_  
 Rental Property \$ \_\_\_\_\_  
 Other (Vac Home/Trailer/Time Share) \$ \_\_\_\_\_

Counseling Provided By: \_\_\_\_\_  
 Counselor Phone #: \_\_\_\_\_  
 Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Place: \_\_\_\_\_

<b>TOTAL ASSETS</b>	\$ _____
<b>TOTAL LIABILITIES</b>	\$ _____
<b>NET WORTH (Assets - Liabilities)</b>	\$ _____

## MONTHLY INCOME

ENTITLEMENTS		ACTUAL	PROJECTED	REMARKS
*	Base Pay			Monthly Contribution Amount
	Basic Allowance for Housing (BAH I or II)			
	Overseas Housing Allowance (OHA)			
	Basic Allowance for Subsistence (BAS)			
	Family Separation Allowance (FSA)			
*	Flight Pay/Diving Pay/Flight Deck Pay			
*	Submarine Pay			
*	Other Hazardous Duty Pay			
*	Sea Pay			
	Taxable COLA			
	Other (tax exempt/allowance eg. COLA/FSSA)			
	<b>TOTAL MILITARY COMPENSATION (A)</b>			
*	Taxable pay ( )			Excludes pretax ded for TSP/MGIB
DEDUCTIONS		ACTUAL	PROJECTED	REMARKS
	ALLOTMENT			For/ends?
	ALLOTMENT			For/ends?
	ALLOTMENT			For/ends?
	ALLOTMENT			For/ends?
	Meal Collection Deduction			
	Family SGLI (For Spouses)			
	SGLI and T-SGLI			
	Uniform Services TSP			
	MGIB			
	FITW Filing Status Actual:			Proj. Status:
	FICA (Social Security)			Base Pay Only, Excludes MGIB
	FICA (Medicare)			Base Pay Only, Excludes MGIB
	State Income Tax			State Claimed:
	AFRH (Armed Forces Retirement Home)			
	Tricare Dental Plan (TDP)			
	Advance Payments			Ends:
	Over Payments			Ends:
	<b>TOTAL MILITARY COMPENSATION (B)</b>			
CALCULATE NET INCOME		ACTUAL	PROJECTED	REMARKS
	Service Member's Take Home Pay (A-B)	\$	\$	Divide by 2 fr Payday Amount
	Service Member's Other Earnings (less taxes)			
	Spouse's Earnings (less taxes)			
	ALLOTMENT			
	ALLOTMENT			
	ALLOTMENT			
	ALLOTMENT			
	Meal Collection Deduction			
	Family SGLI (For Spouses)			
	SGLI and T-SGLI			
	Uniform Services TSP			
	MGIB			
	Tricare Dental Plan (TDP)			
	Advance Payments			
	Over Payments			
	Child Support/Alimony (Received/Income)			
	Other Income (e.g. SSI, Rental Income)			
<b>TOTAL MONTHLY LIVING INCOME</b>		\$	\$	Actual:

**\*Note:** Pay Entitlements are taxable. Allowance Entitlements are non-taxable.

**MONTHLY SAVINGS AND LIVING EXPENSES**

SAVINGS		ACTUAL		PROJECTED		REMARKS
<b>SAVINGS</b>	Emergency Fund (1-3 months)					Monthly Contribution Amount
Goal: 10% of Net Income	Reserve Fund					
Actual	"Goal-Getter Fund					
Projected	Investments/IRAs/TSP/etc.					
\$						
<b>TOTAL SAVINGS AND INVESTMENTS (10%)</b>						
LIVING EXPENSES		ACTUAL		PROJECTED		REMARKS
<b>HOUSEHOLD</b>	Furnishings					
	Maintenance/Repairs					
	Mortgage/Rent					
	Taxes/Fees					
<b>FOOD</b>	Dining Out					
	Groceries					
	Lunches					include school and work lunches
	Vending Machines					
	Meal Deductions					
<b>UTILITIES</b>	Cable/Satellite TV					
	Cellular/Pagers/Phone Cards					
	Electricity					
	Internet Service					
	Natural Gas/Propane					
	Telephone					Local=\$___ Long Distance=\$___
	Water/Garbage/Sewage					
<b>CHILD CARE</b>	Allowances					
	Daycare					
	Support					Include other dependant care
<b>AUTOMOBILE</b>	Gasoline					
	Maintenance/Repairs					
	Other					
<b>CLOTHING</b>	Laundry/Dry Cleaning					
	Purchases (\$50 monthly per person)					
<b>INSURANCE</b>	Automobile					
	Health/Life					
	Homeowners/Renters					
	SGLI/T-SGLI/FSGLI					Both service member/Family SGLI
	Tricare Dental					
<b>HEALTHCARE</b>	Dental					
	Eye Care					
	Hospital/Physician					
	Prescriptions					
<b>EDUCATION</b>	Books					
	Tuition/Fees					include room and board
	MGIB					Montgomery GI Bill (MGIB)
<b>CONTRIBUTIONS</b>	Charities					
	Club Dues/Association Fees					
	Religious					
<b>LEISURE</b>	Athletic Events/Sporting Goods					include spectator sports
	Books/Magazines					
	Computer Products (Software/Hardware)					
	DVD/VHS/Video Games/CDs					purchase and rental
	Entertaining					
	Lessons/Toys & Games					dance, music, self-defense, tutor, etc.
	Travel/Lodging					
<b>GIFTS</b>	Holidays					
	Birthdays/Anniversaries					
<b>PERSONAL CARE</b>	Barber/Beauty Shop					
	Beer/Liquor/Wine					
	Other					ABC, Package Store, etc.
	Tobacco Products					
<b>PET CARE</b>	Food/Supplies					
	Veterinarian/Service (boarding/grooming)					
<b>MISCELLANEOUS</b>	ATM Fees/Stamps/etc.					
	Other					Recommend \$50-\$150 Buffer
<b>TOTAL MONTHLY LIVING EXPENSES (70%)</b>		\$		\$		Actual:

## INDEBTEDNESS 20%

CREDITOR	PURPOSE	MONTHLY PAYMENT	BALANCE	PROJECTED PAYMENT	REMARKS <small>(Mos Behind, Pd by Allotment, etc.)</small>	APR %
1. US Govt.	Advance Pay				Automatic Deduction	
2. US Govt.	Over Payments				Automatic Deduction	
3.						
4.						
5.						
6.						
7.						
8.						
8.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
<b>TOTAL</b>						

### SUMMARY

	ACTUAL	PROJECTED
NET INCOME (Bottom of Page 2)		
SAVINGS & INVESTMENTS (Page 3)	-	
LIVING EXPENSES (Page 3)	-	
AMOUNT LEFT TO PAY DEBTS	=	
TOTAL MONTHLY DEBT PMTS (Page 4)	-	
<b>SURPLUS OR DEFICIT</b>	<b>=</b>	

<b>DEBT TO INCOME RATIO</b>		
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(Total Monthly Debt Payments ÷ Net Income x 100 = Debt-to-Income Ratio)

# ACTION PLAN

## PROPOSED OPTIONS

### INCREASE INCOME

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

### DECREASE LIVING EXPENSES

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

### DECREASE INDEBTEDNESS

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

## REFERRALS/RECOMMENDED TRAINING

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

## SETTING YOUR GOALS (Short & Long Term)

GOAL	COST	/ DATE WANTED	= MONTHLY SAVINGS TO REACH GOAL
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____



# MONTHLY SPENDING PLAN

## Keep track of your daily expenses for two weeks

Keep a record of how you spend your money for the next two weeks. The secret is to record it when you spend it. Using a "stickie" note in your wallet or purse will help you track your expenditures. When you go for your money make a note on your "stickie"; (put the amount and what you spent your money on). At the end of the day, transfer the recorded amounts to this record. Be sure to include bills paid, along with sodas, lunches, etc.

Remember this is for tracking your take home pay, don't include allotments.

TAKE HOME PAY FOR TWO WEEKS

Dates

DATE:		DATE:		DATE:		DATE:	
Item:	Amount:	Item:	Amount:	Item:	Amount:	Item:	Amount:
DATE:		DATE:		DATE:		DATE:	
Item:	Amount:	Item:	Amount:	Item:	Amount:	Item:	Amount:
DATE:		DATE:		DATE:		DATE:	
Item:	Amount:	Item:	Amount:	Item:	Amount:	Item:	Amount:
DATE:		DATE:		DATE:		Take Home Pay: \$ _____  Amount Spent: \$ _____  Balance: +\$ _____ (+ or -)	
Item:	Amount:	Item:	Amount:	Item:	Amount:		

# MONTHLY SPENDING PLAN

Keep track of your daily expenses for two weeks

TAKE HOME PAY FOR TWO WEEKS

Dates

DATE:		DATE:		DATE:		DATE:	
Item:	Amount:	Item:	Amount:	Item:	Amount:	Item:	Amount:
DATE:		DATE:		DATE:		DATE:	
Item:	Amount:	Item:	Amount:	Item:	Amount:	Item:	Amount:
DATE:		DATE:		DATE:		DATE:	
Item:	Amount:	Item:	Amount:	Item:	Amount:	Item:	Amount:
DATE:		DATE:		DATE:		DATE:	
Item:	Amount:	Item:	Amount:	Item:	Amount:	Item:	Amount:
DATE:		DATE:		DATE:		DATE:	
Item:	Amount:	Item:	Amount:	Item:	Amount:	Take Home Pay: \$ _____	
						Amount Spent: \$ _____	
						Balance: +\$ _____	(+ or -)



**FLEET & FAMILY SUPPORT CENTERS**  
OF HAMPTON ROADS

Little Creek  
462-7563

Newport News  
688-NAVY

Norfolk  
444-2102

Northwest  
421-8770

Oceana  
433-2912

Yorktown  
887-4606

WEBSITE: [www.ffscnorva.navy.mil](http://www.ffscnorva.navy.mil)