

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: _____

TOTAL ASSETS	\$ _____
TOTAL LIABILITIES	\$ _____
NET WORTH (Assets - Liabilities)	\$ _____

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)			
	TOTAL MILITARY COMPENSATION (A)			
*	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:
	TOTAL MILITARY COMPENSATION (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)			
TOTAL MONTHLY LIVING INCOME		\$	\$	Actual:

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

MONTHLY SAVINGS AND LIVING EXPENSES

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

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)	-	
SURPLUS OR DEFICIT	=	

DEBT TO INCOME RATIO		
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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:	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