

1. Client Information

Client Name	Co-Client Name	Today's Date

2. Income

Monthly net income

Description	Client	Co-Client	Source / Notes (if Other income)
Monthly net income			
Other income			
Other income			
Other income			

Total monthly income (Client)	Total monthly income (Co-Client)
Total annual income (Client)	Total annual income (Co-Client)

3. Essential Expenses

Recurring expenses that support your basic needs

Household

Description	Monthly Estimate
Property / real estate taxes	
Homeowner's insurance	
Principal and interest payment	
Rent	
Association fees (e.g., townhome, condo)	
Home maintenance, repairs and improvements	
Utilities (e.g., electric, gas, water, home security)	
Phone(s)	
Food / groceries	
Clothing	
Household supplies (e.g., Target, Costco)	

Household monthly subtotal	Annual subtotal

Transportation

Description	Monthly Estimate
Auto payments / lease(s)	
Auto insurance premiums	
Auto maintenance (e.g., oil changes, repairs)	
Fuel / parking / tolls / bus / taxi	

Transportation monthly subtotal

Annual subtotal

Healthcare / Protection

For disability, note the benefit amount or % of salary

Description	Monthly Estimate
Life insurance premiums	
Disability insurance	
Long-term care insurance premiums	
Medical (e.g., Medicare, group, private) and dental premiums	
Medical and dental expenses / copays	
Prescriptions / over-the-counter medicines	
Other out-of-pocket items (e.g., routine eye/foot care, hearing aids)	

Healthcare / protection monthly subtotal

Annual subtotal

Other Essentials

e.g., personal care, education, child care/support, alimony

Description	Monthly Estimate

Other essentials monthly subtotal

Annual subtotal

4. Lifestyle Expenses

Expenses that enhance your life

Hobbies

Description	Monthly Estimate
Hobbies / recreation	
Grandchild activities and allowances	
Subscriptions (e.g., magazines, newspapers)	

Hobbies monthly subtotal

Annual subtotal

Travel

Description	Monthly Estimate
Air, hotel, dining, rental car	
Pet boarding	

Travel monthly subtotal

Annual subtotal

Entertainment

Description	Monthly Estimate
Internet / cable / satellite TV	
Tickets (e.g., music, movies, events)	
Membership dues (e.g., health clubs, golf)	
Dining / take out	
Entertainment monthly subtotal	Annual subtotal

Giving

Description	Monthly Estimate
Gifts / cash for family and others	
Gifts to charity	
Giving monthly subtotal	Annual subtotal

Other Lifestyle

e.g., professional services, pet expenses, salon/spa, housekeeping

Description	Monthly Estimate
Other lifestyle monthly subtotal	Annual subtotal

5. Expense Summary

Auto-calculated from Sections 3–4

Total essential expenses — Monthly	Total essential expenses — Annual
Total lifestyle expenses — Monthly	Total lifestyle expenses — Annual
Total essential + lifestyle expenses — Monthly	Total essential + lifestyle expenses — Annual

Thank you for taking the time to complete this worksheet — your advisor will review this with you at your meeting.