BUDGET WORKSHEET
Chapter 6 of The Complete Eldercare Planner

Today’s Date__________________ Elder’s Name____________________________________

INCOME AND ASSETS INVENTORY
Wages/commissions________________
Savings Interest___________________
Social Security______________________
CDs/Stocks/bonds___________________
IRA/Keogh_________________________
Pension____________________________
Profit sharing_______________________
Real estate_________________________
Investments________________________
Other______________________________

AVERAGE MONTHLY EXPENSES
Housing__________________________
Home maintenance_________________
Taxes_____________________________
Insurance________________________
Cable TV_________________________
Utilities__________________________
Food______________________________
Transportation_____________________
Auto maintenance__________________
License/sticker fees________________
Vehicle insurance__________________
Medical____________________________
Dental____________________________
Prescriptions_______________________
Long-term care insurance____________
Assisted-living services_____________
Eyeglasses
Hearing aids
Personal care
Clothing
Entertainment
Memberships
Fitness
Travel
Gifts
Donations
Children
Grandchildren
Other

TOTAL EXPENSES
TOTAL INCOME
SUBTRACT TOTAL EXPENSES
MONTHLY BALANCE