



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 _____