



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 \$ _____
 N&MCRS (Loan) \$ _____
 Other (Friends, Relatives, etc.) \$ _____
 Advance/Over Payments \$ _____
Mortgages-Balances Due
 Home \$ _____
 Rental Property \$ _____
 Other (Vac Home/Trailer/Time Share) \$ _____

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

Counseling Provided By: _____
 Counselor Phone #: _____
 Appointment Date: _____ Time: _____
 Place: _____

MONTHLY INCOME

	ACTUAL	PROJECTED	REMARKS
ENTITLEMENTS			
* Base Pay			
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:			
ALLOTMENT			For/ends?
Family SGLI (For Spouses)			
Servicemen's Group Life Insurance (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 DEDUCTIONS (B)	\$	\$	
CALCULATE NET INCOME			
Service Member's Take Home Pay (A-B)	\$	\$	Divide by 2 for Payday Amount
Service Member's Other Earnings (less taxes)			
Spouse's Earnings (less taxes)			
ALLOTMENT			
Family SGLI (For Spouses)			
Servicemen's Group Life Insurance (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 NET MONTHLY INCOME	\$	\$	

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

MONTHLY SAVINGS AND LIVING EXPENSES

Note: Actual or Projected Figures can be carried forward to spending plan.

SAVINGS		ACTUAL	PROJECTED	REMARKS
SAVINGS	Emergency Fund (1-3 months)			Monthly Contribution Amount
Goal: 10% of Net Income	Reserve Fund			Monthly Contribution Amount
Actual Projected	"Goal Getter" Fund			Monthly Contribution Amount
\$ \$	Investments/IRAs/TSP/etc.			Monthly Contribution Amount
TOTAL SAVINGS AND INVESTMENTS (10%)		\$	\$	
LIVING EXPENSES		ACTUAL	PROJECTED	
HOUSING	Rent/Mortgage Payment			
	Taxes/Fees			
	Repairs/Maintenance			
FOOD	Groceries			
	Lunches (at work)			
	Other (e.g. school lunches)			
UTILITIES	Electricity			
	Gas/Oil (House)			
	Water/Sewage/Garbage			
	Cellular Phones/Pagers/Phone Cards			
	Telephone			Local = \$ Long Distance = \$
TRANSPORTATION	Gas/Oil (Vehicles)			
	Car Pool/Public Transportation			
	Tax, License, Inspection, etc.			
	Repairs/Maintenance			Consider age of car/#of miles.
CLOTHES	Laundry/Dry Cleaning/Tailoring			
	Clothing Purchased Yearly/12			
	Other			
INSURANCE	Autos			
	SGLI and Family SGLI			Both service member/Family SGLI
	Tricare Dental Plan			
	Other (e.g. Life/Health/Renters)			Add extra insurance costs here.
HEALTH	Prescription Drugs			
	Doctor/Hospital Visits			
	Dentist Visits			
EDUCATION	Tuition/Fees			
	Books			
	Lessons			Dance, Music, Self-Def, Tutor, etc.
	Other (MGIB, Room & Board)			Place Mont. GI Bill (MGIB) here.
CONTRIBUTIONS	Club Dues/Association Fees			
	Religious			
	Charities			
SUBSCRIPTIONS	Newspapers/Magazines			
	Computer Internet Services			
	Books/CDs/Records/Tapes/Videos			
	Cable/Satellite TV			
	Other (e.g. Pest Control, Lawn Srvc)			
PERSONAL	Beauty Shop/Nails			
	Barber Shop			
	Cigarettes/Other Tobacco			
	Vending Machines			
	Liquor/Beer/Wine			ABC, Package Store, etc.
	Other (Toiletries, Supplements, etc.)			
ENTERTAINMENT	Dinner/Carry Out			
	Movies/Video Rentals			
	Hobbies/Software/etc.			
	Sports/Youth Leagues/Scouts			Include Spectator Sports
	Gifts/Vacation			Include B-days, Holidays, Annv.
	Other (Clubs, Lottery, etc.)			
DEPENDENT CARE	Child Care			Include Other Dependent Care
	Child Support/Alimony (You Pay Out)			
	Allowances			
MISCELLANEOUS	Furniture, Appliances, Household			
	Pet Supplies, Grooming, Vet			
	Other (ATM fees, Stamps)			Recommend \$50-\$150 Buffer
TOTAL MONTHLY LIVING EXPENSES (70%)		\$	\$	

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 RECORD

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 \$ _____	
Item	Amount	Item	Amount	Item	Amount	Amount Spent -\$ _____	
						Balance = \$ _____ (+ or -)	

Keep a daily record like you did for the first two weeks. Remember to count ALL spending.

TAKE HOME PAY FOR TWO WEEKS _____ Dates _____

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