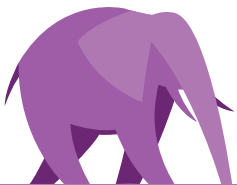


BUDGET WORKSHEET

Today's Date: _____

Elder's Name: _____

Income and assets inventory	Due Date	Done
Wages/commissions:		<input type="checkbox"/>
Savings Interest:		<input type="checkbox"/>
Social Security:		<input type="checkbox"/>
CDs/Stocks/bonds:		<input type="checkbox"/>
IRA/Keogh:		<input type="checkbox"/>
Pension:		<input type="checkbox"/>
Profit sharing:		<input type="checkbox"/>
Real estate:		<input type="checkbox"/>
Investments:		<input type="checkbox"/>
Other:		<input type="checkbox"/>
Average monthly expenses		
Housing:		<input type="checkbox"/>
Home maintenance:		<input type="checkbox"/>
Taxes:		<input type="checkbox"/>
Insurance:		<input type="checkbox"/>
Cable TV:		<input type="checkbox"/>
Utilities:		<input type="checkbox"/>
Food:		<input type="checkbox"/>
Transportation:		<input type="checkbox"/>
Auto maintenance:		<input type="checkbox"/>
License/sticker fees:		<input type="checkbox"/>
Vehicle insurance:		<input type="checkbox"/>
Medical:		<input type="checkbox"/>
Dental:		<input type="checkbox"/>
Prescriptions:		<input type="checkbox"/>
Long-term care insurance:		<input type="checkbox"/>
Assisted-living services:		<input type="checkbox"/>
Eyeglasses:		<input type="checkbox"/>



Hearing aids:		<input type="checkbox"/>
Personal care:		<input type="checkbox"/>
Clothing:		<input type="checkbox"/>
Entertainment:		<input type="checkbox"/>
Memberships:		<input type="checkbox"/>
Fitness:		<input type="checkbox"/>
Travel:		<input type="checkbox"/>
Gifts:		<input type="checkbox"/>
Children:		<input type="checkbox"/>
Donations:		<input type="checkbox"/>
Grandchildren:		<input type="checkbox"/>
Other:		<input type="checkbox"/>
TOTAL EXPENSES:		
TOTAL INCOME:		
SUBTRACT TOTAL EXPENSES:		
MONTHLY BALANCE:		

