



## Building a Budget – Where Your Money Goes & How to Save

Using the following tools over a one year period will allow you to first evaluate where you are spending your money, how much you could possibly save, and finally empower you to meet your goal. Use the enclosed cash flow sheets first to track where you are spending your money each month. After three months of tracking your spending, create goals for yourself. Where can you reduce spending? Is there an expense you can cut out completely? Set specific spending goals for yourself for months 4 through 6. Once you're able to meet your goals, you should be able to see more money left over each month. Now you can create a savings plan. Use the remaining six months to create a final savings goal, putting a set amount that you know you can maintain in a secure location each week. Next year build on all that you've learned about keeping a budget and saving. Become a savvy budgeter and saver for life! **[Let us know if you want your toolkit tailored to your specific income sources and expenses. We can review it together and create the templates that work best for you.]**

### Months 1 to 3 – Monitoring Your Cash Flow

- Section A:* Look at all of the places you keep money: checking & savings accounts, EBT card, pre-paid debit cards, cash in your wallet, online accounts such as paypal. At the beginning of each week add up the total amount of cash on hand and write it here.
- Section B:* Using the following chart, write down all sources of money coming into your household. This includes any benefits you receive, such as social security, SNAP, or TANF. This also includes your paycheck, child support payments, cash you receive from other members of your household, and bills that someone else is paying for. Don't write down the income source down ahead of time, but instead record the money coming in as you go. Try to review this sheet every day so nothing is missed.
- Section C:* At the same time, track and record every single time you spend any money. Write each expense in the specific category that applies. Be as detailed as you can. Review receipts to make sure you're putting expenses in the right box, and keep all of your receipts in an envelope kept near this packet. Write down your spending every day. Even going back a day or two later may be enough time to forget exactly what that \$5.00 charge was for.

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Month 1: \_\_\_\_\_

<b><u>Week Beginning:</u></b> <b><u>(Date)</u></b>	<b>Week 1:</b> _____	<b>Week 2:</b> _____	<b>Week 3:</b> _____	<b>Week 4:</b> _____	<b>Week 5:</b> _____	<b>Month Total</b>
<b><i>Section A:</i></b> <b><i>Cash Balance</i></b>	-	-	-	-	-	-
Checking Account						-
Savings Account						-
EBT Card						-
Social Security Card						-
Prepaid Card						-
Cash on Hand (in wallet)						-
Paypal						-
Other:						-
<b><u>TOTAL:</u></b>						-
						-
<b><i>Section B:</i></b> <b><i>Incoming Money</i></b>	-	-	-	-	-	-
Paycheck						
Social Security						
Child Support						
SNAP						
State Benefit:						
Contribution from others (family)						
Other:						
<b><u>Section B TOTAL</u></b>						

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<b>Week Beginning:</b>	<b>Week 1:</b>	<b>Week 2:</b>	<b>Week 3:</b>	<b>Week 4:</b>	<b>Week 5:</b>	<b>Month Total</b>
<b>Section C:</b>	-	-	-	-	-	-
<b>Outgoing Money</b>						
Rent						
Heat & Electricity						
Television (Cable)						
Internet						
Phone (Landline)						
Cell Phone						
Monthly Video Subscriptions (Netflix, Amazon Prime, Hulu, etc.)						
Child Support/Alimony						
Groceries						
Eating out (drinks & food)  (record each time & date in box)						
Clothing & Laundry						
Gas for the Car						
Car Payment						
Car Maintenance						
Car Insurance						
Health Insurance						
Life Insurance						
Renter's Insurance						

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<b>Week Beginning:</b>	<b>Week 1:</b>	<b>Week 2:</b>	<b>Week 3:</b>	<b>Week 4:</b>	<b>Week 5:</b>	<b>Month Total</b>
Other Insurance						
Toiletries & Personal Care						
Medical (Copays, OTC Meds, Vitamins)						
Entertainment (eg: Movies, Music, newspaper, games)						
Gifts for others						
Charitable Donations & Religious Contributions						
Childcare, Diapers, School Supplies & Activities						
Clothing & Laundry						
Pet Food/Vet						
Cigarettes						
Other:						
<b>Section C TOTAL</b>						
Sec. B Total - Sec. C Total = Sec. A for next week.						

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Month 2: \_\_\_\_\_

<b><u>Week Beginning:</u></b> <b><u>(Date)</u></b>	<b>Week 1:</b> _____	<b>Week 2:</b> _____	<b>Week 3:</b> _____	<b>Week 4:</b> _____	<b>Week 5:</b> _____	<b>Month Total</b>
<b><i>Section A:</i></b> <b><i>Cash Balance</i></b>	-	-	-	-	-	-
Checking Account						-
Savings Account						-
EBT Card						-
Social Security Card						-
Prepaid Card						-
Cash on Hand (in wallet)						-
Paypal						-
Other:						-
<b><u>TOTAL:</u></b>						-
						-
<b><i>Section B:</i></b> <b><i>Incoming Money</i></b>	-	-	-	-	-	-
Paycheck						
Social Security						
Child Support						
SNAP						
State Benefit:						
Contribution from others (family)						
Other:						
<b><u>Section B TOTAL</u></b>						

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<b>Week Beginning:</b>	<b>Week 1:</b>	<b>Week 2:</b>	<b>Week 3:</b>	<b>Week 4:</b>	<b>Week 5:</b>	<b>Month Total</b>
<b>Section C:</b>	-	-	-	-	-	-
<b>Outgoing Money</b>						
Rent						
Heat & Electricity						
Television (Cable)						
Internet						
Phone (Landline)						
Cell Phone						
Monthly Video Subscriptions (Netflix, Amazon Prime, Hulu, etc.)						
Child Support/Alimony						
Groceries						
Eating out (drinks & food)						
(record each time & date in box)						
Clothing & Laundry						
Gas for the Car						
Car Payment						
Car Maintenance						
Car Insurance						
Health Insurance						
Life Insurance						
Renter's Insurance						

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<b>Week Beginning:</b>	<b>Week 1:</b>	<b>Week 2:</b>	<b>Week 3:</b>	<b>Week 4:</b>	<b>Week 5:</b>	<b>Month Total</b>
Other Insurance						
Toiletries & Personal Care						
Medical (Copays, OTC Meds, Vitamins)						
Entertainment (eg: Movies, Music, newspaper, games)						
Gifts for others						
Charitable Donations & Religious Contributions						
Childcare, Diapers, School Supplies & Activities						
Clothing & Laundry						
Pet Food/Vet						
Cigarettes						
Other:						
<b>Section C TOTAL</b>						
Sec. B Total - Sec. C Total = Sec. A for next week.						

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Month 3: \_\_\_\_\_

<b><u>Week Beginning:</u></b> <b><u>(Date)</u></b>	<b>Week 1:</b> _____	<b>Week 2:</b> _____	<b>Week 3:</b> _____	<b>Week 4:</b> _____	<b>Week 5:</b> _____	<b>Month Total</b>
<b><i>Section A:</i></b> <b><i>Cash Balance</i></b>	-	-	-	-	-	-
Checking Account						-
Savings Account						-
EBT Card						-
Social Security Card						-
Prepaid Card						-
Cash on Hand (in wallet)						-
Paypal						-
Other:						-
<b><u>TOTAL:</u></b>						-
						-
<b><i>Section B:</i></b> <b><i>Incoming Money</i></b>	-	-	-	-	-	-
Paycheck						
Social Security						
Child Support						
SNAP						
State Benefit:						
Contribution from others (family)						
Other:						
<b><u>Section B TOTAL</u></b>						



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<b>Week Beginning:</b>	<b>Week 1:</b>	<b>Week 2:</b>	<b>Week 3:</b>	<b>Week 4:</b>	<b>Week 5:</b>	<b>Month Total</b>
<b>Section C:</b>	-	-	-	-	-	-
<b>Outgoing Money</b>						
Rent						
Heat & Electricity						
Television (Cable)						
Internet						
Phone (Landline)						
Cell Phone						
Monthly Video Subscriptions (Netflix, Amazon Prime, Hulu, etc.)						
Child Support/Alimony						
Groceries						
Eating out (drinks & food)						
(record each time & date in box)						
Clothing & Laundry						
Gas for the Car						
Car Payment						
Car Maintenance						
Car Insurance						
Health Insurance						
Life Insurance						
Renter's Insurance						

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<b>Week Beginning:</b>	<b>Week 1:</b>	<b>Week 2:</b>	<b>Week 3:</b>	<b>Week 4:</b>	<b>Week 5:</b>	<b>Month Total</b>
Other Insurance						
Toiletries & Personal Care						
Medical (Copays, OTC Meds, Vitamins)						
Entertainment (eg: Movies, Music, newspaper, games)						
Gifts for others						
Charitable Donations & Religious Contributions						
Childcare, Diapers, School Supplies & Activities						
Clothing & Laundry						
Pet Food/Vet						
Cigarettes						
Other:						
<b>Section C TOTAL</b>						
Sec. B Total - Sec. C Total = Sec. A for next week.						

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### Months 4-6 – Setting and Maintaining Goals

Now that you have spent the first three months watching what money is coming in, and where it is going, you can see where you can make some changes. First evaluate how much you spend where. Then decide what changes you can make to reduce spending. Reevaluate each month to see how much you can increase what's left over each month.

- Part A:* Look at the total income that came in for Months 1 through 3, and record the average each month from each source. Make sure you make adjustments if you know something will be different going forward. Make your best guestimate for the next month's total money coming in.
- Part B:* Record the total expenses for each month, then calculate the monthly average.
- Part C:* First write down all of the absolutely necessary expenses, the items that are fixed, out of your control, and necessary for your shelter and health. Absolutely necessary expenses include rent, heating and electricity, health insurance, car payment, etc. These items must be paid on time every month, because the consequences for nonpayment could result in loss of shelter, transportation or heat, or tax penalties and overwhelming medical bills if the unexpected happens.
- Part D:* Next write down the expenses that are necessary for your health and well-being, but may possibly be reduced. This includes groceries & eating out, television, internet, cell phone, gas for the car, etc. If you are spending a lot every week on eating out for lunch, start packing your lunch instead most days. Consider changing your cable plan, or switching to only Netflix and basic cable. See if you qualify for a free lifeline cell phone, or switch to a prepaid plan such as Virgin or Boost Mobile. Reduce trips by doing multiple errands at once to save on gas for your car. Buy toiletries in bulk so they last longer. Contact other auto insurance companies to see if you can get a more affordable policy elsewhere.
- Part E:* Finally, write down all other expenses. Is there anything that can be cut out completely? Consider what you can cut back on? Is there one expense you are spending more than you though on?
- Part F:* Using your analysis in the above parts A through E, write your goals for the month ahead.

*\*Remember to do this one month at a time so you can look at how well you keep your goals.\**

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Month 4: \_\_\_\_\_

*Part A: Projected Income*

Record the totals from each source of income, *Section B* of Months 1 through 3. Calculate the monthly average (Add totals and divide by 3). If you don't think there will be a change, this average will be the projected amount for Month 4. If you know something is changing, such as reduction in social security, put down the new amount in the projected column.

	<u>Month 1 Total</u>	<u>Month 2 Total</u>	<u>Month 3 Total</u>	<u>Month 1-3 Average</u>	<u>Projected Month 4</u>
Paycheck					
Social Security					
Child Support					
SNAP					
State Benefit:					
Contribution from others (family)					
Other:					
<u>Total Monthly Income</u>					

*Part B: Reviewing the Past*

Record the totals from each source of spending, *Section C* of Months 1 through 3, as well as the monthly total. Calculate the monthly average (Add totals and divide by 3).

	<u>Month 1 Total</u>	<u>Month 2 Total</u>	<u>Month 3 Total</u>	<u>Month 1-3 Average</u>
Rent				
Heat & Electricity				
Television (Cable)				
Internet				
Phone (Landline)				
Cell Phone				
Video Subscriptions				

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	<u>Month 1 Total</u>	<u>Month 2 Total</u>	<u>Month 3 Total</u>	<u>Month 1-3 Average</u>
Child Support/Alimony				
Groceries				
Eating out (drinks & food)				
Clothing & Laundry				
Gas for the Car				
Car Payment				
Car Maintenance				
Car Insurance				
Health Insurance				
Life Insurance				
Renter's Insurance				
Other Insurance				
Toiletries & Personal Care				
Medical (Copays, OTC Meds, Vitamins)				
Entertainment				
Gifts for others				
Charitable /Religious				
Childcare, Diapers, School Supplies & Activities				
Clothing & Laundry				
Pet Food/Vet				
Cigarettes				
Other:				
<b><u>TOTAL Expenses:</u></b>				

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*Part C:*

From all the expenses listed above in Part B, what is *absolutely necessary and out of your control*? Make a list of the items that simply cannot be changed. This probably includes your rent, health insurance, car payment (unless you can refinance), etc. These items must be paid on time every month, because the consequences for nonpayment could result in loss of shelter, transportation or heat, or tax penalties and overwhelming medical bills if the unexpected happen.

Expense	Monthly Average



*Part D*

Next write down the expenses that are necessary for your health and well-being, but may possibly be reduced. This includes groceries & eating out, television, internet, cell phone, gas for the car, etc. Try to really brainstorm areas that can be reduced. Are there items you could buy in bulk, can you pack your lunch instead of eating out, switch cable plans, etc.

Expense	Monthly Average	New Goal

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*Part E:*

Finally, what expenses can you eliminate completely? Are there some things you just don't use or need. This could be a monthly radio subscription, or an unnecessary credit monitoring service. If there's an expense that you receive no benefit from make a goal to get rid of it completely. Anything that can be eliminated completely can turn into extra money left over at the end of the month. Try to increase this as much as possible, and this can turn into savings.

Expense	Monthly Average

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Part F:

Month 4: \_\_\_\_\_

Based on the work you've done in reviewing your expenses, now it's time to plan and record your goals for the next month. Place a limit on each expense at the beginning of the month in the Month Goal column, then see if you're able to stay within your goal.

<b><u>Week Beginning:</u></b> <b><u>(Date)</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>	<b>Month Total</b>
<b><i>Section A:</i></b>	-	-	-	-	-	-	-
<b><i>Cash Balance</i></b>							
Checking Account	-						-
Savings Account	-						-
EBT Card	-						-
Social Security Card	-						-
Prepaid Card	-						-
Cash on Hand (in wallet)	-						-
Paypal	-						-
Other:	-						-
<b><u>TOTAL:</u></b>	-						-
<b><i>Section B: Incoming Money</i></b>	-	-	-	-	-	-	-
Paycheck							
Social Security							
Child Support							
SNAP							
State Benefit:							
Contribution from others (family)							
Other:							
<b><u>Section B TOTAL</u></b>							



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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
<b><i>Section C:</i></b>	-	-	-	-	-	-	-
<b><i>Outgoing Money</i></b>							
Rent							
Heat & Electricity							
Television (Cable)							
Internet							
Phone (Landline)							
Cell Phone							
Monthly Video Subscriptions (Netflix, Amazon Prime, Hulu, etc.)							
Child Support/Alimony							
Groceries							
Eating out (drinks & food)  (record each time & date in box)							
Clothing & Laundry							
Gas for the Car							
Car Payment							
Car Maintenance							
Car Insurance							
Health Insurance							
Life Insurance							
Renter's Insurance							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1: _____</b>	<b>Week 2: _____</b>	<b>Week 3: _____</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
Other Insurance							
Toiletries & Personal Care							
Medical (Copays, OTC Meds, Vitamins)							
Entertainment (eg: Movies, Music, newspaper, games)							
Gifts for others							
Charitable Donations & Religious Contributions							
Childcare, Diapers, School Supplies & Activities							
Clothing & Laundry							
Pet Food/Vet							
Cigarettes							
Other:							
<b><u>Section C TOTAL</u></b>							
Sec. B Total - Sec. C Total = Sec. A for next week.							

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Month 5: \_\_\_\_\_

*Part A: Projected Income*

Compare the average income from last month's analysis, with the projected income. How close were you? Make any changes for Month 5 as needed.

	<u>Months 1-4 Average</u>	<u>Projected Month 4</u>	<u>Actual income last month</u>	<u>Projected Month 5</u>
Paycheck				
Social Security				
Child Support				
SNAP				
State Benefit:				
Contribution from others (family)				
Other:				
<u>Total Monthly Income</u>				

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*Part B-F: Reviewing the Past & Setting Goals*

Now it's time to see how well you met your goals. Where did you go over? Did you spend less than expected anywhere? Review each expense and using what you've learned, make new goals for Month 5. They can be the same as last month, or maybe you need to make an adjustment here and there.

	<u>Months 1-4 Average</u>	<u>Month 4 Goals</u>	<u>Month 4 Actual Spending</u>	<u>Month 5 Goal</u>
Rent				
Heat & Electricity				
Television (Cable)				
Internet				
Phone (Landline)				
Cell Phone				
Video Subscriptions				
Child Support/Alimony				
Groceries				
Eating out (drinks & food)				
Clothing & Laundry				
Gas for the Car				
Car Payment				
Car Maintenance				
Car Insurance				
Health Insurance				
Life Insurance				
Renter's Insurance				
Other Insurance				
Toiletries & Personal Care				
Medical (Copays, OTC Meds, Vitamins)				
Entertainment				

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	<u>Months 1-4 Average</u>	<u>Month 4 Goals</u>	<u>Month 4 Actual Spending</u>	<u>Month 5 Goal</u>
Gifts for others				
Charitable /Religious				
Childcare, Diapers, School Supplies & Activities				
Clothing & Laundry				
Pet Food/Vet				
Cigarettes				
Other:				
<u>TOTAL Expenses:</u>				

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**Month 5:** \_\_\_\_\_

Once again, write down your cash flow as it comes in and is spent to see how well you can keep within the limits you set for yourself.

<b><u>Week Beginning:</u></b> <b><u>(Date)</u></b>	<b>MONTH</b> <b>GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>	<b>Month</b> <b>Total</b>
<b><i>Section A:</i></b> <b><i>Cash Balance</i></b>	-	-	-	-	-	-	-
Checking Account	-						-
Savings Account	-						-
EBT Card	-						-
Social Security Card	-						-
Prepaid Card	-						-
Cash on Hand (in wallet)	-						-
Paypal	-						-
Other:	-						-
<b><u>TOTAL:</u></b>	-						-
<b><i>Section B: Incoming Money</i></b>	-	-	-	-	-	-	-
Paycheck							
Social Security							
Child Support							
SNAP							
State Benefit:							
Contribution from others (family)							
Other:							
<b><u>Section B TOTAL</u></b>							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
<b><i>Section C:</i></b>		-	-	-	-	-	-
<b><i>Outgoing Money</i></b>							
Rent							
Heat & Electricity							
Television (Cable)							
Internet							
Phone (Landline)							
Cell Phone							
Monthly Video Subscriptions (Netflix, Amazon Prime, Hulu, etc.)							
Child Support/Alimony							
Groceries							
Eating out (drinks & food)  (record each time & date in box)							
Clothing & Laundry							
Gas for the Car							
Car Payment							
Car Maintenance							
Car Insurance							
Health Insurance							
Life Insurance							
Renter's Insurance							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1: _____</b>	<b>Week 2: _____</b>	<b>Week 3: _____</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
Other Insurance							
Toiletries & Personal Care							
Medical (Copays, OTC Meds, Vitamins)							
Entertainment (eg: Movies, Music, newspaper, games)							
Gifts for others							
Charitable Donations & Religious Contributions							
Childcare, Diapers, School Supplies & Activities							
Clothing & Laundry							
Pet Food/Vet							
Cigarettes							
Other:							
<b><u>Section C TOTAL</u></b>							
Sec. B Total - Sec. C Total = Sec. A for next week.							



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Month 6: \_\_\_\_\_

*Part A: Projected Income*

Compare the average income from last month's analysis, with the projected income. How close were you? Make any changes for Month 5 as needed.

	<u>Months 1-5 Average</u>	<u>Projected Month 5</u>	<u>Actual income last month</u>	<u>Projected Month 6</u>
Paycheck				
Social Security				
Child Support				
SNAP				
State Benefit:				
Contribution from others (family)				
Other:				
<u>Total Monthly Income</u>				

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*Part B-F: Reviewing the Past & Setting Goals*

Now it's time to see how well you met your goals. Where did you go over? Did you spend less than expected anywhere? Review each expense and using what you've learned, make new goals for Month 6. They can be the same as last month, or maybe you need to make an adjustment here and there.

	<u>Months 1-5 Average</u>	<u>Month 5 Goals</u>	<u>Month 5 Actual Spending</u>	<u>Month 6 Goal</u>
Rent				
Heat & Electricity				
Television (Cable)				
Internet				
Phone (Landline)				
Cell Phone				
Video Subscriptions				
Child Support/Alimony				
Groceries				
Eating out (drinks & food)				
Clothing & Laundry				
Gas for the Car				
Car Payment				
Car Maintenance				
Car Insurance				
Health Insurance				
Life Insurance				
Renter's Insurance				
Other Insurance				
Toiletries & Personal Care				
Medical (Copays, OTC Meds, Vitamins)				
Entertainment				

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	<u>Months 1-5 Average</u>	<u>Month 5 Goals</u>	<u>Month 5 Actual Spending</u>	<u>Month 6 Goal</u>
Gifts for others				
Charitable /Religious				
Childcare, Diapers, School Supplies & Activities				
Clothing & Laundry				
Pet Food/Vet				
Cigarettes				
Other:				
<u>TOTAL Expenses:</u>				

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**Month 6:** \_\_\_\_\_

Once Again, write down your cash flow as it comes in and is spent to see how well you can keep within the limits you set for yourself.

<b><u>Week Beginning:</u></b> <b><u>(Date)</u></b>	<b>MONTH</b> <b>GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>	<b>Month</b> <b>Total</b>
<b><i>Section A:</i></b> <b><i>Cash Balance</i></b>	-	-	-	-	-	-	-
Checking Account	-						-
Savings Account	-						-
EBT Card	-						-
Social Security Card	-						-
Prepaid Card	-						-
Cash on Hand (in wallet)	-						-
Paypal	-						-
Other:	-						-
<b><u>TOTAL:</u></b>	-						-
<b><i>Section B: Incoming Money</i></b>	-	-	-	-	-	-	-
Paycheck							
Social Security							
Child Support							
SNAP							
State Benefit:							
Contribution from others (family)							
Other:							
<b><u>Section B TOTAL</u></b>							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
<b><i>Section C:</i></b>		-	-	-	-	-	-
<b><i>Outgoing Money</i></b>							
Rent							
Heat & Electricity							
Television (Cable)							
Internet							
Phone (Landline)							
Cell Phone							
Monthly Video Subscriptions (Netflix, Amazon Prime, Hulu, etc.)							
Child Support/Alimony							
Groceries							
Eating out (drinks & food)  (record each time & date in box)							
Clothing & Laundry							
Gas for the Car							
Car Payment							
Car Maintenance							
Car Insurance							
Health Insurance							
Life Insurance							
Renter's Insurance							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1: _____</b>	<b>Week 2: _____</b>	<b>Week 3: _____</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
Other Insurance							
Toiletries & Personal Care							
Medical (Copays, OTC Meds, Vitamins)							
Entertainment (eg: Movies, Music, newspaper, games)							
Gifts for others							
Charitable Donations & Religious Contributions							
Childcare, Diapers, School Supplies & Activities							
Clothing & Laundry							
Pet Food/Vet							
Cigarettes							
Other:							
<b><u>Section C TOTAL</u></b>							
Sec. B Total - Sec. C Total = Sec. A for next week.							

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Months 7-12 – Maintaining Your Budget & Saving for the Future

After keeping a close watch over all the money coming in and out of your household over the last six months, you are an expert in maintaining a budget. You know exactly where you're spending your money, and what areas can be reduced if necessary. Now it's time to make a long term savings goal. If you keep to your budget goals, reduce and eliminate items where possible, what is the most possible amount of money left over every month?

Whatever that number is, multiply it by 6, and make that your savings goal for the next six months. It can also be helpful to think about what you're going to do with that money. Put it in a retirement account, buy a much need appliance, create a college savings account for your child, etc.

Going forward try your best to keep meeting the limitations you're setting for yourself. Then see if you can meet your monthly savings goal at the end of each month, always keeping in mind that you're working towards that long term goal.

Six Month Savings Goal: \$\_\_\_\_\_

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Month 7: \_\_\_\_\_

Six Months Savings Goal: \$ \_\_\_\_\_ Amount Saved at end of Month 7: \$ \_\_\_\_\_.

<b><u>Week Beginning:</u></b> <b><u>(Date)</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>	<b>Month Total</b>
<b><i>Section A:</i></b> <b><i>Cash Balance</i></b>	-	-	-	-	-	-	-
Checking Account	-						-
Savings Account	-						-
EBT Card	-						-
Social Security Card	-						-
Prepaid Card	-						-
Cash on Hand (in wallet)	-						-
Paypal	-						-
Other:	-						-
<b>TOTAL:</b>	-						-
<b><i>Section B: Incoming Money</i></b>	-	-	-	-	-	-	-
Paycheck							
Social Security							
Child Support							
SNAP							
State Benefit:							
Contribution from others (family)							
Other:							
<b><u>Section B TOTAL</u></b>							



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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
<b><i>Section C:</i></b>		-	-	-	-	-	-
<b><i>Outgoing Money</i></b>							
Rent							
Heat & Electricity							
Television (Cable)							
Internet							
Phone (Landline)							
Cell Phone							
Monthly Video Subscriptions (Netflix, Amazon Prime, Hulu, etc.)							
Child Support/Alimony							
Groceries							
Eating out (drinks & food)  (record each time & date in box)							
Clothing & Laundry							
Gas for the Car							
Car Payment							
Car Maintenance							
Car Insurance							
Health Insurance							
Life Insurance							
Renter's Insurance							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1: _____</b>	<b>Week 2: _____</b>	<b>Week 3: _____</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
Other Insurance							
Toiletries & Personal Care							
Medical (Copays, OTC Meds, Vitamins)							
Entertainment (eg: Movies, Music, newspaper, games)							
Gifts for others							
Charitable Donations & Religious Contributions							
Childcare, Diapers, School Supplies & Activities							
Clothing & Laundry							
Pet Food/Vet							
Cigarettes							
Other:							
<b><u>Section C TOTAL</u></b>							
Sec. B Total - Sec. C Total = Sec. A for next week.							

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Month 8: \_\_\_\_\_

Six Months Savings Goal: \$ \_\_\_\_\_ Total Amount Saved So Far: \$ \_\_\_\_\_.

<b><u>Week Beginning:</u></b> <b><u>(Date)</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>	<b>Month Total</b>
<b><i>Section A:</i></b> <b><i>Cash Balance</i></b>	-	-	-	-	-	-	-
Checking Account	-						-
Savings Account	-						-
EBT Card	-						-
Social Security Card	-						-
Prepaid Card	-						-
Cash on Hand (in wallet)	-						-
Paypal	-						-
Other:	-						-
<b>TOTAL:</b>	-						-
<b><i>Section B: Incoming Money</i></b>		-	-	-	-	-	-
Paycheck							
Social Security							
Child Support							
SNAP							
State Benefit:							
Contribution from others (family)							
Other:							
<b><u>Section B TOTAL</u></b>							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
<b><i>Section C:</i></b>		-	-	-	-	-	-
<b><i>Outgoing Money</i></b>							
Rent							
Heat & Electricity							
Television (Cable)							
Internet							
Phone (Landline)							
Cell Phone							
Monthly Video Subscriptions (Netflix, Amazon Prime, Hulu, etc.)							
Child Support/Alimony							
Groceries							
Eating out (drinks & food)  (record each time & date in box)							
Clothing & Laundry							
Gas for the Car							
Car Payment							
Car Maintenance							
Car Insurance							
Health Insurance							
Life Insurance							
Renter's Insurance							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1: _____</b>	<b>Week 2: _____</b>	<b>Week 3: _____</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
Other Insurance							
Toiletries & Personal Care							
Medical (Copays, OTC Meds, Vitamins)							
Entertainment (eg: Movies, Music, newspaper, games)							
Gifts for others							
Charitable Donations & Religious Contributions							
Childcare, Diapers, School Supplies & Activities							
Clothing & Laundry							
Pet Food/Vet							
Cigarettes							
Other:							
<b><u>Section C TOTAL</u></b>							
Sec. B Total - Sec. C Total = Sec. A for next week.							

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Month 9: \_\_\_\_\_

Six Months Savings Goal: \$ \_\_\_\_\_ Total Amount Saved So Far: \$ \_\_\_\_\_.

<b><u>Week Beginning:</u></b> <b><u>(Date)</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>	<b>Month Total</b>
<b><i>Section A:</i></b> <b><i>Cash Balance</i></b>	-	-	-	-	-	-	-
Checking Account	-						-
Savings Account	-						-
EBT Card	-						-
Social Security Card	-						-
Prepaid Card	-						-
Cash on Hand (in wallet)	-						-
Paypal	-						-
Other:	-						-
<b>TOTAL:</b>	-						-
<b><i>Section B: Incoming Money</i></b>	-	-	-	-	-	-	-
Paycheck							
Social Security							
Child Support							
SNAP							
State Benefit:							
Contribution from others (family)							
Other:							
<b><u>Section B TOTAL</u></b>							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
<b><i>Section C:</i></b>		-	-	-	-	-	-
<b><i>Outgoing Money</i></b>							
Rent							
Heat & Electricity							
Television (Cable)							
Internet							
Phone (Landline)							
Cell Phone							
Monthly Video Subscriptions (Netflix, Amazon Prime, Hulu, etc.)							
Child Support/Alimony							
Groceries							
Eating out (drinks & food)  (record each time & date in box)							
Clothing & Laundry							
Gas for the Car							
Car Payment							
Car Maintenance							
Car Insurance							
Health Insurance							
Life Insurance							
Renter's Insurance							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1: _____</b>	<b>Week 2: _____</b>	<b>Week 3: _____</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
Other Insurance							
Toiletries & Personal Care							
Medical (Copays, OTC Meds, Vitamins)							
Entertainment (eg: Movies, Music, newspaper, games)							
Gifts for others							
Charitable Donations & Religious Contributions							
Childcare, Diapers, School Supplies & Activities							
Clothing & Laundry							
Pet Food/Vet							
Cigarettes							
Other:							
<b><u>Section C TOTAL</u></b>							
Sec. B Total - Sec. C Total = Sec. A for next week.							



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Month 10: \_\_\_\_\_

Six Months Savings Goal: \$ \_\_\_\_\_ Total Amount Saved So Far: \$ \_\_\_\_\_.

<b><u>Week Beginning:</u></b> <b><u>(Date)</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>	<b>Month Total</b>
<b><i>Section A:</i></b> <b><i>Cash Balance</i></b>	-	-	-	-	-	-	-
Checking Account	-						-
Savings Account	-						-
EBT Card	-						-
Social Security Card	-						-
Prepaid Card	-						-
Cash on Hand (in wallet)	-						-
Paypal	-						-
Other:	-						-
<b>TOTAL:</b>	-						-
<b><i>Section B: Incoming Money</i></b>	-	-	-	-	-	-	-
Paycheck							
Social Security							
Child Support							
SNAP							
State Benefit:							
Contribution from others (family)							
Other:							
<b><u>Section B TOTAL</u></b>							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
<b><i>Section C:</i></b>		-	-	-	-	-	-
<b><i>Outgoing Money</i></b>							
Rent							
Heat & Electricity							
Television (Cable)							
Internet							
Phone (Landline)							
Cell Phone							
Monthly Video Subscriptions (Netflix, Amazon Prime, Hulu, etc.)							
Child Support/Alimony							
Groceries							
Eating out (drinks & food)  (record each time & date in box)							
Clothing & Laundry							
Gas for the Car							
Car Payment							
Car Maintenance							
Car Insurance							
Health Insurance							
Life Insurance							
Renter's Insurance							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1: _____</b>	<b>Week 2: _____</b>	<b>Week 3: _____</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
Other Insurance							
Toiletries & Personal Care							
Medical (Copays, OTC Meds, Vitamins)							
Entertainment (eg: Movies, Music, newspaper, games)							
Gifts for others							
Charitable Donations & Religious Contributions							
Childcare, Diapers, School Supplies & Activities							
Clothing & Laundry							
Pet Food/Vet							
Cigarettes							
Other:							
<b><u>Section C TOTAL</u></b>							
Sec. B Total - Sec. C Total = Sec. A for next week.							

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Month 11: \_\_\_\_\_

Six Months Savings Goal: \$ \_\_\_\_\_ Total Amount Saved So Far: \$ \_\_\_\_\_.

<b><u>Week Beginning:</u></b> <b><u>(Date)</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>	<b>Month Total</b>
<b><i>Section A:</i></b>	-	-	-	-	-	-	-
<b><i>Cash Balance</i></b>							
Checking Account	-						-
Savings Account	-						-
EBT Card	-						-
Social Security Card	-						-
Prepaid Card	-						-
Cash on Hand (in wallet)	-						-
Paypal	-						-
Other:	-						-
<b>TOTAL:</b>	-						-
<b><i>Section B: Incoming Money</i></b>	-	-	-	-	-	-	-
Paycheck							
Social Security							
Child Support							
SNAP							
State Benefit:							
Contribution from others (family)							
Other:							
<b><u>Section B TOTAL</u></b>							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
<b><i>Section C:</i></b>		-	-	-	-	-	-
<b><i>Outgoing Money</i></b>							
Rent							
Heat & Electricity							
Television (Cable)							
Internet							
Phone (Landline)							
Cell Phone							
Monthly Video Subscriptions (Netflix, Amazon Prime, Hulu, etc.)							
Child Support/Alimony							
Groceries							
Eating out (drinks & food)  (record each time & date in box)							
Clothing & Laundry							
Gas for the Car							
Car Payment							
Car Maintenance							
Car Insurance							
Health Insurance							
Life Insurance							
Renter's Insurance							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1: _____</b>	<b>Week 2: _____</b>	<b>Week 3: _____</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
Other Insurance							
Toiletries & Personal Care							
Medical (Copays, OTC Meds, Vitamins)							
Entertainment (eg: Movies, Music, newspaper, games)							
Gifts for others							
Charitable Donations & Religious Contributions							
Childcare, Diapers, School Supplies & Activities							
Clothing & Laundry							
Pet Food/Vet							
Cigarettes							
Other:							
<b><u>Section C TOTAL</u></b>							
Sec. B Total - Sec. C Total = Sec. A for next week.							

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Month 12: \_\_\_\_\_

Six Months Savings Goal: \$ \_\_\_\_\_ Total Amount Saved: \$ \_\_\_\_\_.

<b><u>Week Beginning:</u></b> <b><u>(Date)</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4</b>	<b>Week 5</b>	<b>Month Total</b>
<b><i>Section A:</i></b> <b><i>Cash Balance</i></b>	-	-	-	-	-	-	-
Checking Account	-						-
Savings Account	-						-
EBT Card	-						-
Social Security Card	-						-
Prepaid Card	-						-
Cash on Hand (in wallet)	-						-
Paypal	-						-
Other:	-						-
<b>TOTAL:</b>	-						-
<b><i>Section B: Incoming Money</i></b>		-	-	-	-	-	-
Paycheck							
Social Security							
Child Support							
SNAP							
State Benefit:							
Contribution from others (family)							
Other:							
<b><u>Section B TOTAL</u></b>							

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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1</b>	<b>Week 2</b>	<b>Week 3</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
<b><i>Section C:</i></b>		-	-	-	-	-	-
<b><i>Outgoing Money</i></b>							
Rent							
Heat & Electricity							
Television (Cable)							
Internet							
Phone (Landline)							
Cell Phone							
Monthly Video Subscriptions (Netflix, Amazon Prime, Hulu, etc.)							
Child Support/Alimony							
Groceries							
Eating out (drinks & food)  (record each time & date in box)							
Clothing & Laundry							
Gas for the Car							
Car Payment							
Car Maintenance							
Car Insurance							
Health Insurance							
Life Insurance							
Renter's Insurance							



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<b><u>Week Beginning:</u></b>	<b>MONTH GOAL</b>	<b>Week 1: _____</b>	<b>Week 2: _____</b>	<b>Week 3: _____</b>	<b>Week 4: _____</b>	<b>Week 5: _____</b>	<b>Month Total</b>
Other Insurance							
Toiletries & Personal Care							
Medical (Copays, OTC Meds, Vitamins)							
Entertainment (eg: Movies, Music, newspaper, games)							
Gifts for others							
Charitable Donations & Religious Contributions							
Childcare, Diapers, School Supplies & Activities							
Clothing & Laundry							
Pet Food/Vet							
Cigarettes							
Other:							
<b><u>Section C TOTAL</u></b>							
Sec. B Total - Sec. C Total = Sec. A for next week.							