



W O R K B O O K

WORKSHEET #1

FINANCIAL ASSESSMENT

Fill out this form. How much do you spend on each of these per month? (Round up to nearest whole dollar)

Section A: Your Cost of Living

- \$_____ Rent or mortgage (include any changes averaged out by month)
- \$_____ Food (groceries, fast food, lunches out, etc.)
- \$_____ Insurance (all types – car, house, renters, medical, dental, vision, life, etc.)
- \$_____ Vehicles (payments, gas, maintenance, emergency repairs, etc.)
- \$_____ Utilities (electricity, gas, phone, internet, cable, etc.)
- \$_____ Credit cards (include all, whether or not you have paid them)
- \$_____ Education (student loan, college savings, current school materials, etc.)
- \$_____ Child-related costs (child support, diapers, books, toys, etc.)
- \$_____ Necessities (clothing, shoes, toilet paper, shampoo, etc.)
- \$_____ Entertainment (cable, date night, games, consoles, TVs, computers, etc.)
- \$_____ Online (recurring online services (averaged one-time online purchases, etc.)
- \$_____ Hobbies (any costs associated with your hobbies or other special interests)
- \$_____ Charitable giving
- \$_____ Other costs not accounted for above, like debt

Sub Total \$ _____

Plus 10% - (inflation, etc) \$ _____

YOUR COST OF LIVING \$ _____

A Little Advice

The only person that you have to answer to here is yourself. Don't be afraid to be totally open and honest!



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Please answer below. What would it cost to independently replace the benefits from your current job?
(Round up to nearest whole dollar)

Section B: Your Benefits

\$_____ Health insurance (monthly)
\$_____ Dental insurance (monthly)
\$_____ Vision insurance (monthly)
\$_____ Life insurance (monthly)
\$_____ Stock options (monthly)
\$_____ Employee discounts (monthly)
\$_____ Office services (counseling, company outings, etc.) (monthly)
\$_____ 401(k) or other retirement account company match
\$_____ Other benefits not accounted for above (monthly)

YOUR BENEFITS (ADD ALL YOUR ANSWERS)

\$_____

A Little Advice

There's also the emotional comfort of having something you know you can rely on. Don't underestimate it!



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Let's track all of your recurring revenue streams. How much money do you have coming in every month from the following sources? (Round down to nearest whole dollar)

Section C: Current Income Streams

\$_____ Income from job(s)
\$_____ Income from child support and alimony
\$_____ Income from spouse or partner's job
\$_____ Other active recurring income not accounted for above
\$_____ Passive income (dividends, royalties, licensing, lottery, rental, etc.)

YOUR INCOME (ADD ALL YOUR ANSWERS)

\$_____

A Little Advice

Gratitude's important. Don't be upset about what you're lacking – be thankful for what you have.



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How much instantly-accessible money do you currently have? (Round down to nearest whole dollar)

Section D: Are You Liquid?

- \$_____ Non-bank sources (Bitcoin, PayPal, Kiva, cash on hand, etc.)
- \$_____ Checking account balance (combined from all checking accounts)
- \$_____ Savings account balance (combined from all savings accounts)
- \$_____ Available credit card balance(s) (combined from all cards)
- \$_____ Other instantly-available money not accounted for above

YOUR LIQUIDITY (ADD ALL YOUR ANSWERS)

\$_____

A Little Advice

Feel free to remove the credit cards from your total. That's really more for emergencies or as a buffer.