

FAMILY FINANCE BINDER

GRAB IN CASE OF EMERGENCY



Monthly Bill Tracker

Bill Name	Amount	Due	J	F	M	A	M	J	J	A	S	O	N	D

Notes:

Expense Progress Worksheet

Life Costs	Currently spending	Budget Changes	Money Saved
Groceries	<input type="text"/>	<input type="text"/>	<input type="text"/>
Restaurants	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clothing	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gifts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subscriptions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Netflix	<input type="text"/>	<input type="text"/>	<input type="text"/>
Entertainment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sports	<input type="text"/>	<input type="text"/>	<input type="text"/>
Memberships	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vacation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hobbies	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Childcare	<input type="text"/>	<input type="text"/>	<input type="text"/>
MSP	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expense Progress Worksheet

Part Two

	Currently spending	Budget Changes	Money Saved
Housing			
Mortgage/rent	<input type="text"/>	<input type="text"/>	
Natural Gas	<input type="text"/>	<input type="text"/>	
Phone	<input type="text"/>	<input type="text"/>	
Water	<input type="text"/>	<input type="text"/>	
Internet	<input type="text"/>	<input type="text"/>	
Garbage	<input type="text"/>	<input type="text"/>	
Home security	<input type="text"/>	<input type="text"/>	
Sewer	<input type="text"/>	<input type="text"/>	
Electricity	<input type="text"/>	<input type="text"/>	
Medical	<input type="text"/>	<input type="text"/>	
Vehicle			
Car Payment	<input type="text"/>	<input type="text"/>	
Car Replacment	<input type="text"/>	<input type="text"/>	
Maintainence	<input type="text"/>	<input type="text"/>	
Insurance	<input type="text"/>	<input type="text"/>	
Total	<input type="text"/>	<input type="text"/>	

Income Worksheet

Income Source	2 Month Average	Actual Income
Employer 1	<input type="text"/>	<input type="text"/>
Employer 2	<input type="text"/>	<input type="text"/>
Tax Benefits	<input type="text"/>	<input type="text"/>
Alternate Income	<input type="text"/>	<input type="text"/>
Side Hustle	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

****Spend Less Than You Make****

Total Income **—** **Total Expenses**

= **Money Remaining**

Cash In Advance

January

February

March

April

May

June

July

August

September

October

November

December

Net Worth Summary

Date				
Assets	Amount			
House				
Vehicle(s)				
Cash/Savings				
RRSP				
RESP				
TFSA				
Other Investments				
Additional Assets				
Other				
Total A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Liabilities				
Mortgage				
Line of Credit				
Credit Cards				
Vehicle Loan				
Other Loans				
Total B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
- Total B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net Worth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payoff Tracker

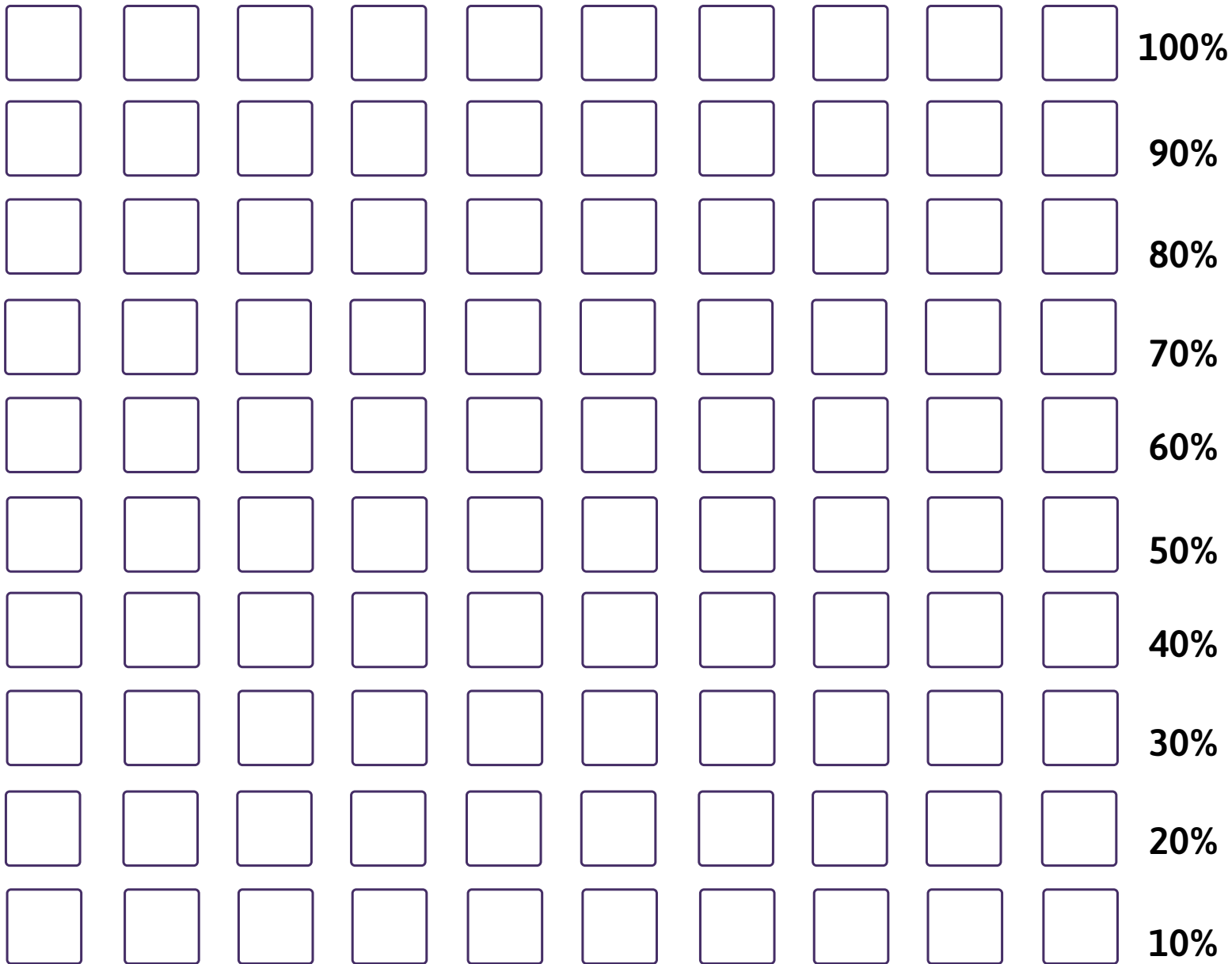
Debt name: _____

Completion Goal Date: _____

Actual Completion Date: _____

Amount: \$ _____

* = _____ 1% of your debt paid off



*To calculate the dollar value of each square:
goal amount/100 = Value per square

Savings Tracker

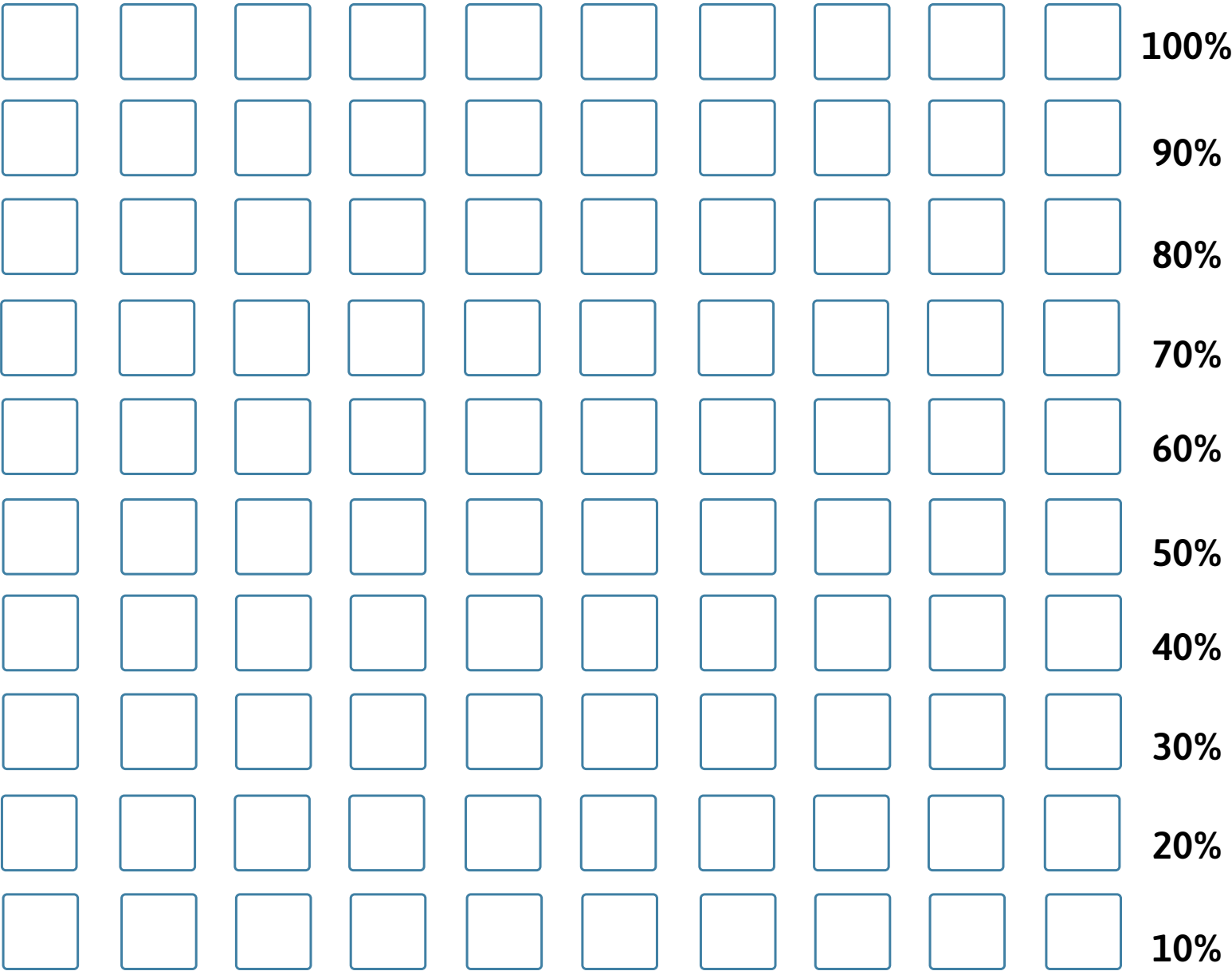
Savings Goal Name: _____

Completion Goal Date: _____

Actual Completion Date: _____

Amount: \$ _____

* = _____ 1% of your goal complete



*To calculate the dollar value of each square:
goal amount/100 = Value per square

Getting Started

Why did you want to join this challenge?

How do you feel when you think about your finances? Are you proud? Confused? Ashamed? Hopeless? Hopeful?

If you could rate yourself on a scale of 1 - 10 where would you rate yourself and why?

What are you hoping to accomplish?

What tools would you like to leave this challenge with?

Success with Savings

If you have been successful in saving money in the past, what habits or behaviors do you think contributed to your success?

When you feel that you have failed in your ability to save money, what habits or behaviors have led to your lack of success?

If you won a million dollars, what would you do with it? Given enough time, with enough focus, do you believe those dreams could be possible without winning the lottery?

Food for Thought

What is one goal that you have for yourself this week in regards to food. Choose one of the following challenges this week that you think will save you the most amount of money:

1. Pack a lunch to bring to work everyday this week.
2. Don't go through the drive through at all for one week.
3. Try grocery shopping only once.
4. Start a pantry challenge - see how long you can go by cooking with only items you already have on hand.

If you don't already shop at a discount grocery store, I challenge you to try it for one full month. What keeps you from shopping here all the time?

What did you like?

Or find unexpected?

What did you dislike?

How much money did you save by making this switch?

Tying Up Loose Ends

This is the final week of the challenge, if you haven't already, start taking a look at all of your recurring bills. Ask yourself if these are products that are still necessary, wanted or needed.

If these budget items are needed - such as utility bills - is there a way to make them easier to manage or cheaper (can you get a better deal by switching providers, can you utilize equal billing to make budgeting easier to manage?)

Make a your own list of bills you would like to start with.

Tackling this list takes time, so prioritize them by working on those with the greatest benefit (aka can save you the most) first. Check them off as you complete them.

Here is a list of expenses to start with:

- *Cell phone bills
- *Internet service Providers
- *Subscription boxes
- *Gym memberships
- *Streaming TV subscriptions
- *Cable services
- *Home Insurance
- *Vehicle Insurance

Tying Up Loose Ends

Bill Name:

Amount Saved:

1.	<hr/>	<input type="checkbox"/>	<hr/>
2.	<hr/>	<input type="checkbox"/>	<hr/>
3.	<hr/>	<input type="checkbox"/>	<hr/>
4.	<hr/>	<input type="checkbox"/>	<hr/>
5.	<hr/>	<input type="checkbox"/>	<hr/>
6.	<hr/>	<input type="checkbox"/>	<hr/>
7.	<hr/>	<input type="checkbox"/>	<hr/>
8.	<hr/>	<input type="checkbox"/>	<hr/>
9.	<hr/>	<input type="checkbox"/>	<hr/>
10.	<hr/>	<input type="checkbox"/>	<hr/>

Notes:

Final Thoughts

Now that you have completed the full month of shaping up your budget, what is/are the thing(s) that most surprised you?

If you could rate yourself on a scale of 1 - 10 where would you rate yourself now and why?

What did you find most challenging? What could you change to make that pain point easier to manage?

What tools will you carry with you, and which ones will you leave behind?