

## My Money Map-Income

	<b>Steps 1-3: CURRENT</b>	<b>Steps 4 &amp; 5: CHOOSE&amp;PLAN</b>	<b>Step 6: ACTUAL</b>
<b>Cash and Non-Cash</b>			
Wages/Salary (Job 1)	_____	_____	_____
Wages/Salary (Job 2)	_____	_____	_____
Commission/Tips/Overtime Pay	_____	_____	_____
Child Support/Alimony Received	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Temp Assist for Needy Families (TANF)	_____	_____	_____
Social Security Benefits (SSD/SSI)	_____	_____	_____
Pension/Retirement	_____	_____	_____
Veteran's Benefit	_____	_____	_____
Worker's Disability Compensation	_____	_____	_____
Other Cash: _____	_____	_____	_____
Supplemental Nutrition Assistance (SNAP)	_____	_____	_____
Women, Infants & Children (WIC)	_____	_____	_____
Child Care Assistance	_____	_____	_____
Housing/Energy Assistance	_____	_____	_____
School Lunch	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Gross Monthly Income:</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>Off the Top Deductions</b>			
Federal Federal Taxes	_____	_____	_____
State/Local Taxes	_____	_____	_____
FICA Taxes	_____	_____	_____
Unemployment Insurance	_____	_____	_____
Retirement Savings	_____	_____	_____
Health/Dental Insurance	_____	_____	_____
Life/Disability Insurance	_____	_____	_____
Child Support/Garnishments	_____	_____	_____
Other: _____	_____	_____	_____
<b>Total Off the Top Deductions:</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>Net Monthly Take Home Pay:</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____

## My Money Map-Expenses




	<u>F/V</u>	<u>CURRENT</u>	<u>CHOOSE&amp;PLAN</u>	<u>ACTUAL</u>
<b>Set-Aside Funds</b>				
Emergency	_____	_____	_____	_____
Periodic Expenses	_____	_____	_____	_____
Savings Goals/IRA's/Education	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Set Aside Funds:</b>		<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>Housing</b>				
Mortgage/Taxes/Insurance	_____	_____	_____	_____
Electric/Heat (fuel) Water/	_____	_____	_____	_____
Sewer/Trash	_____	_____	_____	_____
Phone(s) (land/cell) Cable/	_____	_____	_____	_____
Internet	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Housing:</b>		<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>Transportation</b>				
Car Loan Payment	_____	_____	_____	_____
Car Insurance	_____	_____	_____	_____
Gas/Maintenance/Repair	_____	_____	_____	_____
Public Transportation	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Transportation:</b>		<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>Food</b>				
Groceries	_____	_____	_____	_____
Eating Out	_____	_____	_____	_____
School Meals	_____	_____	_____	_____
Baby Formula	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Food:</b>		<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>Health</b>				
Doctor/Dental Co-pays	_____	_____	_____	_____
Eye Care/Glasses	_____	_____	_____	_____
Medicines	_____	_____	_____	_____
Hospital/Clinic	_____	_____	_____	_____
Life/Disability Insurances	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Health:</b>		<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____

**My Money Map-Expenses** *(continued)*

	<u>F/V</u>	<u>CURRENT</u>	<u>CHOOSE &amp; PLAN</u>	<u>ACTUAL</u>
<b>Children</b>				
Day Care	_____	_____	_____	_____
Diapers/Formula	_____	_____	_____	_____
School/Activity Fees	_____	_____	_____	_____
Allowance	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Children:</b>		<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>Other Obligations</b> Overdue				
Bills	_____	_____	_____	_____
Credit Card(s)	_____	_____	_____	_____
Student Loan(s)	_____	_____	_____	_____
Personal Loan (s)	_____	_____	_____	_____
Spousal/Family Support	_____	_____	_____	_____
Donations/Gifts	_____	_____	_____	_____
Pets	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Other Obligations:</b>		<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>Personal Care</b>				
Clothing/Laundry	_____	_____	_____	_____
Cleaning Supplies	_____	_____	_____	_____
Hair Care	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Personal Care:</b>		<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>Recreation/Entertainment</b>				
Books/Magazines/Movies C	_____	_____	_____	_____
D/DVD's/Games	_____	_____	_____	_____
Clubs/Memberships	_____	_____	_____	_____
Events/Vacations	_____	_____	_____	_____
Hobbies	_____	_____	_____	_____
Alcohol/Tobacco	_____	_____	_____	_____
Lottery	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____
<b>Total Recreation/Entertainment:</b>		<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____

# My Money Map-Summary

<b>SUMMARY</b>	<u>CURRENT</u>	<u>CHOOSE&amp;PLAN</u>	<u>ACTUAL</u>
<b>Income</b>			
Total Gross Monthly Income	_____	_____	_____
Total Off The Top Deductions	_____	_____	_____
<b>(1) Net Take Home Pay:</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>Expenses</b>			
Set Aside Funds	_____	_____	_____
Housing	_____	_____	_____
Transportation	_____	_____	_____
Food	_____	_____	_____
Health	_____	_____	_____
Children	_____	_____	_____
Other Obligations	_____	_____	_____
Personal Care	_____	_____	_____
Recreation/Entertainment	_____	_____	_____
<b>(2) Total Expenses:</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>COMPARE</b>			
<b>(1) Net Take Home Pay</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
Less			
<b>(2) Total Expenses</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____
<b>CASH FLOW</b>	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____

<b>If cash flow is ...</b>		
	<p><b>a positive number, that's great!</b> You have money left over for your goals! Now you need to <b>CHOOSE</b> where to put your cash.</p>	
	<p><b>zero, okay!</b> You are in balance! Now you need to <b>MAKE CHOICES</b> to find money for your goals.</p>	
		<p><b>a negative number, help!</b> You need to <b>DECIDE</b> your needs versus wants in order bring balance and find money for your goals.</p>

Source: Adapted from *DollarWorks2* (University of Minnesota)