

Time Budget Worksheet

Balancing Your Priorities

First, indicate how much time you "Now" spend on each of these areas.

Next, decide on the amount of time you would ideally spend - "Your Goal".

Then decide how you can achieve your goal.

NOW YOUR GOAL
(Hours per week) **How will you move toward your goal?**

God:

Church/activities	<input type="text"/>	<input type="text"/>	
Bible Study	<input type="text"/>	<input type="text"/>	
Volunteering	<input type="text"/>	<input type="text"/>	
Prayer	<input type="text"/>	<input type="text"/>	

Loved Ones:

Family activities/Dates	<input type="text"/>	<input type="text"/>	
Time together at home	<input type="text"/>	<input type="text"/>	
Discussions/Talking	<input type="text"/>	<input type="text"/>	
Meals together	<input type="text"/>	<input type="text"/>	

Personal:

Exercise	<input type="text"/>	<input type="text"/>	
Screen time	<input type="text"/>	<input type="text"/>	
Hobbies	<input type="text"/>	<input type="text"/>	
Reading	<input type="text"/>	<input type="text"/>	
Sleep	<input type="text"/>	<input type="text"/>	

Home:

Cleaning	<input type="text"/>	<input type="text"/>	
Cooking	<input type="text"/>	<input type="text"/>	
Errands	<input type="text"/>	<input type="text"/>	
Lawn/Garden	<input type="text"/>	<input type="text"/>	
Home Maintenance	<input type="text"/>	<input type="text"/>	

Work:

Time at work/school	<input type="text"/>	<input type="text"/>	
Bringing work home	<input type="text"/>	<input type="text"/>	

Monthly Cash Flow Plan

Cash flows in and out each month. Make sure you tell it where to go!

Add up budgeted column & enter here

CHARITY	SPENT	BUDGETED
Tithes	_____	_____
Charity & Offerings	_____	_____
	*10-15% TOTAL	_____
SAVINGS	SPENT	BUDGETED
Emergency Fund	_____	_____
Retirement Fund	_____	_____
College Fund	_____	_____
	*10-15% TOTAL	_____
HOUSING	SPENT	BUDGETED
Mortgage/Rent	_____	_____
Real Estate Taxes	_____	_____
Repairs/Maint.	_____	_____
Association Dues	_____	_____
	*20-35% TOTAL	_____
UTILITIES	SPENT	BUDGETED
Electricity	_____	_____
Gas, Water	_____	_____
Trash	_____	_____
Phone/Mobile	_____	_____
Internet	_____	_____
Cable	_____	_____
	*5-10% TOTAL	_____
FOOD	SPENT	BUDGETED
Groceries	_____	_____
Restaurants	_____	_____
	*5-15% TOTAL	_____
CLOTHING	SPENT	BUDGETED
Adults	_____	_____
Children	_____	_____
Cleaning/Laundry	_____	_____
	*2-7% TOTAL	_____
TRANSPORTATION	SPENT	BUDGETED
Gas & Oil	_____	_____
Repairs & Tires	_____	_____
License & Taxes	_____	_____
Car Replacement	_____	_____
Other_____	_____	_____
	*10-15% TOTAL	_____
MEDICAL/HEALTH	SPENT	BUDGETED
Medications	_____	_____
Doctor Bills	_____	_____
Dentist	_____	_____
Optometrist	_____	_____
Vitamins	_____	_____
Other_____	_____	_____
Other_____	_____	_____
	*5-10% TOTAL	_____
INSURANCE	SPENT	BUDGETED
Life Insurance	_____	_____
Health Insurance	_____	_____
Homeowner/Renter	_____	_____
Auto Insurance	_____	_____
Disability Insurance	_____	_____
Identity Theft	_____	_____
Long-term Care	_____	_____
	*10-25% TOTAL	_____

MONTHLY TAKE HOME PAY

PERSONAL	SPENT	BUDGETED
Child Care/Sitter	_____	_____
Toiletries	_____	_____
Cosmetics/Hair Care	_____	_____
Education/Tuition	_____	_____
Books/Supplies	_____	_____
Child Support	_____	_____
Alimony	_____	_____
Subscriptions	_____	_____
organization Dues	_____	_____
Gifts (inc. Christmas)	_____	_____
Replace Furniture	_____	_____
Pocket Money (His)	_____	_____
Pocket Money (Hers)	_____	_____
Baby Supplies	_____	_____
Pet Supplies	_____	_____
Music/Technology	_____	_____
Miscellaneous	_____	_____
Other_____	_____	_____
Other_____	_____	_____
	*5-10% TOTAL	_____
RECREATION	SPENT	BUDGETED
Entertainment	_____	_____
Vacation	_____	_____
	*5-10% TOTAL	_____
DEBTS	SPENT	BUDGETED
Car Payment 1	_____	_____
Car Payment 2	_____	_____
Credit Card 1	_____	_____
Credit Card 2	_____	_____
Credit Card 3	_____	_____
Credit Card 4	_____	_____
Credit Card 5	_____	_____
Student Loan 1	_____	_____
Student Loan 2	_____	_____
Student Loan 3	_____	_____
Student Loan 4	_____	_____
Other_____	_____	_____
Other_____	_____	_____
Other_____	_____	_____
Other_____	_____	_____
	*5-10% TOTAL	_____

Your goal is 0% ***Recommended Percentages**

Once you have completed filling out each category, subtract all category totals from your take-home pay.

TAKE HOME PAY _____

CATEGORY TOTALS _____

ZERO BALANCE _____

Use the "income sources" form if necessary

Add up totals from each category

Remember - The goal of a zero-based budget is to get this number to zero