



Your
**FINANCIAL
PLANNING**
Workbook

Please note that you can conveniently type text and numbers into these documents and save your work. However, these documents will not automatically calculate your financial data.

crown.org

Quit Claim Deed

This Quit Claim Deed, Made the ____ day of _____

From: _____

To: The Lord

I (we) hereby transfer to the Lord the ownership of the following possessions:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Witnesses who hold me (us)
accountable in the recognition
of the Lord's ownership:

_____	_____
_____	_____

This instrument is not a binding legal document and cannot be used to transfer property.

Personal Financial Statement

Assets (Present market value)

Cash on hand/Checking account	\$ _____
Savings	\$ _____
Stocks and bonds	\$ _____
Cash value of life insurance	\$ _____
Coins	\$ _____
Home	\$ _____
Other real estate	\$ _____
Mortgages/Notes receivable	\$ _____
Business valuation	\$ _____
Automobiles	\$ _____
Furniture	\$ _____
Jewelry	\$ _____
Other personal property	\$ _____
Pension/Retirement	\$ _____
Other assets	\$ _____

Total Assets \$ _____

Liabilities (Current amount owed)

Credit card debt	\$ _____
Automobile loans	\$ _____
Home mortgages	\$ _____
Personal debt to relatives	\$ _____
Business loans	\$ _____
Educational loans	\$ _____
Medical/Other past due bills	\$ _____
Life insurance loans	\$ _____
Bank loans	\$ _____
Other debts and loans	\$ _____

Total Liabilities \$ _____

Net Worth (Total assets minus total liabilities) \$ _____

Monthly Spending Plan - A

CATEGORY	Income	Tithe/Giving	Taxes	Housing	Food	Transporation	Insurance
Allocated Amount	\$	\$	\$	\$	\$	\$	\$
DATE							
1st							
2nd							
3rd							
4th							
5th							
6th							
7th							
8th							
9th							
10th							
11th							
12th							
13th							
14th							
15th							
This Month Subtotal	\$	\$	\$	\$	\$	\$	\$
16th							
17th							
18th							
19th							
20th							
21st							
22nd							
23rd							
24th							
25th							
26th							
27th							
28th							
29th							
30th							
31st							
This Month Total	\$	\$	\$	\$	\$	\$	\$
This Month Surplus/Deficit	\$	\$	\$	\$	\$	\$	\$
Year to Date Spending Plan	\$	\$	\$	\$	\$	\$	\$
Year to Date Total	\$	\$	\$	\$	\$	\$	\$
Year to Date Surplus/Deficit	\$	\$	\$	\$	\$	\$	\$

Plan Summary

This Month	Previous Month/Year to Date	Year to Date
Total Income \$ _____	Total Income \$ _____	Total Income \$ _____
Minus Total Expenses \$ _____	Minus Total Expenses \$ _____	Minus Total Expenses \$ _____
Equals Surplus/Deficit \$ _____	Equals Surplus/Deficit \$ _____	Equals Surplus/Deficit \$ _____

+

=

Monthly Spending Plan - B

CATEGORY	Debts	Entertainment/ Recreation	Clothing	Savings	Medical/ Dental	Miscellaneous	Investments	School/ Child Care
Allocated Amount	\$	\$	\$	\$	\$	\$	\$	\$
DATE								
1st								
2nd								
3rd								
4th								
5th								
6th								
7th								
8th								
9th								
10th								
11th								
12th								
13th								
14th								
15th								
This Month Subtotal	\$	\$	\$	\$	\$	\$	\$	\$
16th								
17th								
18th								
19th								
20th								
21st								
22nd								
23rd								
24th								
25th								
26th								
27th								
28th								
29th								
30th								
31st								
This Month Total	\$	\$	\$	\$	\$	\$	\$	\$
This Month Surplus/Deficit	\$	\$	\$	\$	\$	\$	\$	\$
Year to Date Spending Plan	\$	\$	\$	\$	\$	\$	\$	\$
Year to Date Total	\$	\$	\$	\$	\$	\$	\$	\$
Year to Date Surplus/Deficit	\$	\$	\$	\$	\$	\$	\$	\$

Estimated Spending Plan

Monthly Income

Gross Monthly Income \$

Salary \$ _____
Interest \$ _____
Dividends \$ _____
Other Income \$ _____

Less

1. Tithe/Giving \$ _____
2. Taxes (Federal / State / Fica) \$ _____

Net Spendable Income \$

7. **Debts** \$ _____
(not including house or auto)

8. **Entertainment/
Recreation** \$ _____

Eating out \$ _____
Babysitters \$ _____
Activities/Trips \$ _____
Vacation \$ _____
Pets \$ _____
Other \$ _____

9. **Clothing** \$ _____

10. **Savings** \$ _____

11. **Medical / Dental** \$ _____

Doctor \$ _____
Dentist \$ _____
Prescriptions \$ _____
Other \$ _____

12. **Miscellaneous** \$ _____

Toiletries/Cosmetics \$ _____
Beauty/Barber \$ _____
Laundry/Cleaners \$ _____
Allowances \$ _____
Subscriptions \$ _____
Gifts \$ _____
Other \$ _____

13. **Investments** \$ _____

14. **School / Childcare** \$ _____

Tuition \$ _____
Materials \$ _____
Transportation \$ _____
Childcare \$ _____

TOTAL LIVING EXPENSES \$

HOW THE MONTH TURNS OUT

NET SPENDABLE INCOME \$

- TOTAL LIVING EXPENSES \$

= SURPLUS OR DEFICIT \$

Monthly Living Expenses

3. **Housing** \$ _____

Mortgage/Rent \$ _____
Insurance \$ _____
Property taxes \$ _____
Cable TV \$ _____
Electricity \$ _____
Gas \$ _____
Water \$ _____
Sanitation \$ _____
Telephone \$ _____
Maintenance \$ _____
Internet service \$ _____
Other \$ _____

4. **Food** \$ _____

5. **Transportation** \$ _____

Payments \$ _____
Gas & Oil \$ _____
Insurance \$ _____
License/Taxes \$ _____
Maintenance \$ _____
Replacement \$ _____
Other \$ _____

6. **Insurance** \$ _____

Insurance \$ _____
Life \$ _____
Health/Dental \$ _____
Disability \$ _____
Other \$ _____