

Do you know what you are spending your money on?

Plan to get your expenses under control by using this comprehensive budget.

Convert all your income and expense details to monthly amounts.

Section A – Income after tax



Your after tax income	_____
Partner/spouse after tax income	_____
Pension/benefit	_____
Family payment	_____
Child support received	_____
Board money received	_____
Investment (after tax)	_____
Other income (after tax)	_____



TOTAL INCOME FOR SECTION A	_____
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Section B – Expenses



Housing	Rent _____ 1st mortgage _____ 2nd mortgage _____ Land rates _____ Water rates _____ House and contents insurance _____ House repairs _____ Strata levies _____ Home contents replacements _____	Personal	Clothing haircuts _____ Grooming/cosmetics _____ Entertainment _____ Sport _____ Club fees _____ Newspapers and magazines _____ Holidays _____ Gifts _____ Pocket money – children _____ Drinks alcoholic _____ Cigarettes/tobacco _____ Laundry/dry cleaning _____ Gambling/other _____ Donations/other _____ DVDs/videos/movies _____ Postage/films _____ Pool/gardening expenses _____
Education	School fees _____ Uniforms _____ Self education _____ School excursions _____ Tutoring/books _____ Sports/out of school activities _____ Pre-school _____ Child minding _____		

Budget Planner

Section B – Expenses

Utilities	Electricity	_____
	Gas	_____
	Water	_____
	Mobile phone	_____
	Internet and cable TV	_____
Food	Groceries	_____
	Lunches	_____
	Pet food	_____
	Take away food/restaurants	_____
Transport	Petrol	_____
	Repairs	_____
	Registration	_____
	Fines	_____
	Insurance	_____
	License	_____
	Fares	_____

Maintenance	Children	_____
	Medical	_____
Medical	Health insurance	_____
	Doctor	_____
	Dentist	_____
	Chemist	_____
	Eye care and optometrist	_____
	Specialists/alternative therapies	_____
	Pet and vet	_____
Other	Superannuation	_____
	Life/term/income insurance	_____
	Professional fees	_____
	Other expenditure	_____
	Savings	_____
	Special projects	_____

TOTAL EXPENSES FOR SECTION B _____

Section C – Your loan expenses

Credit cards	_____
Personal loans	_____
Car loans/hire purchase	_____
Store cards/accounts	_____
Finance companies	_____
Home loans	_____
Other debts	_____

TOTAL EXPENSES FOR SECTION C _____

Your after tax income
(from section A)

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Less your living expenses
(from section B)

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Less your loan expenses
(from section C)

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Net Result

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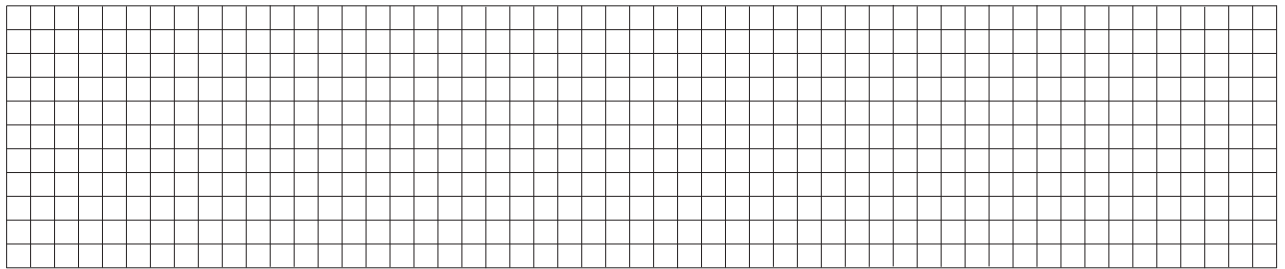
Address _____

 Price estimate _____
 Selling agent _____
 Contact name _____
 Phone number _____

Land Size _____ No. of Rooms _____
 Construction - Roof _____
 Walls _____
 Water Pressure _____ No. of Bathrooms _____



Sketch Floor Plan



Exterior	Poor	Average	Good		Poor	Average	Good
Landscaping/garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of exterior walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of gutters/downpipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage/undercover/off-street parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of footings/timber stumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termite damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sub-floor ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments							

Interior	Poor	Average	Good		Poor	Average	Good
Condition of floors/floor coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating - central/fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings - cracks/leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls - cracks/leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage/cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of paint/wallpaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows - condition/ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors condition/ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light fittings/switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments							