

	Monthly Essential \$	Monthly Non- Essential \$	Notes
Housing			
Mortgage/rent			
Property taxes			
Homeowner's/renter's insurance			
Home services (lawn, cleaning, etc.)			
Utilities (electric, gas, waste, etc.)			
Telephone/cell phone			
Cable/Internet (TV subscriptions)			
Home security (Nest, Blink, ADT, etc.)			
Other			
SUBTOTAL	\$ -	\$ -	
Transportation			
Car/lease payments			
Auto insurance			
Maintenance/repairs			
Fuel			
Registration & license renewals			
Public transportation			
Parking			
Other (garage fees)			
SUBTOTAL	\$ -	\$ -	
Healthcare Services			
Health insurance			
Uninsured medical expenses/deductibles/coPays			
Dental			
Vision or hearing			
Medication/prescriptions			
Medical supplies			
Other			
SUBTOTAL	\$ -	\$ -	

Groceries, Food, Household expenses

Groceries (including food delivery subscriptions)			
Dining out/pick-up			
Dry cleaners			
Clothing expenses (personal and professional)			
Pet expenses			
Other			
Other			
Other			
SUBTOTAL	\$ -	\$ -	

Debts/Loans

Personal			
Credit cards			
2nd mortgage			
Student loans			
Other			
SUBTOTAL	\$ -	\$ -	

Taxes

Federal income tax			
State income tax			
SUBTOTAL	\$ -	\$ -	

Entertainment

Hobbies			
Vacations/travel			
Membership dues (social and/or Professional)			
Other			
Other			
SUBTOTAL	\$ -	\$ -	



Care expenses			
Life insurance premium			
Long-term care premiums			
Child care			
Adult care			
Other			
Other			
Other			
SUBTOTAL	\$ -	\$ -	
Charitable			
Gifts			
Donations			
Tithing			
Other:			
SUBTOTAL	\$ -	\$ -	
Self-Care			
Gym			
Other (vitamins, beauty, spa, etc.)			
Other (massage or chiropractor)			
Other			
SUBTOTAL	\$ -	\$ -	
Other expenses			
Other 1			
Other 2			
Other 3			
SUBTOTAL	\$ -	\$ -	
TOTAL MONTHLY EXPENSES	\$ -	\$ -	

Notes

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