

# FAMILY PROSPERITY SERVICES

## FAMILY FINANCIAL SKILLS TRAINING

### In Class Workshop Booklet

Name: \_\_\_\_\_

Date: \_\_\_\_\_



# My Financial Goals

## Short-Term

Goal	What I need to do to achieve this goal	When I plan to complete this

## Medium-Term

Goal	What I need to do to achieve this goal	When I plan to complete this

## Long-Term

Goal	What I need to do to achieve this goal	When I plan to complete this

## Bill Paying Worksheet

### Due Dates 1st to 7th

Bills to Pay	Due Date	\$ Amount

### Due Dates 8th to 14th

Bills to Pay	Due Date	\$ Amount

### Due Dates 15th to 21st

Bills to Pay	Due Date	\$ Amount

### Due Dates 21st to 31st

Bills to Pay	Due Date	\$ Amount



# Household Budget Worksheet

## Income

Wages or Salary \$ \_\_\_\_\_  
 TAFDC Cash Assistance \$ \_\_\_\_\_  
 Social Security (SSI, SSDI) \$ \_\_\_\_\_  
 Unemployment \$ \_\_\_\_\_  
 Food Stamps (SNAP) \$ \_\_\_\_\_  
 Child Support / Alimony \$ \_\_\_\_\_  
 Rental Income \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## Obligations

\$ \_\_\_\_\_  
 Rent / Mortgage \$ \_\_\_\_\_  
 Property Taxes \$ \_\_\_\_\_  
 Homeowner's / Rent Insurance \$ \_\_\_\_\_  
 Heat \$ \_\_\_\_\_  
 Electricity \$ \_\_\_\_\_  
 Water/ Sewage \$ \_\_\_\_\_  
 Car payment \$ \_\_\_\_\_  
 Car insurance \$ \_\_\_\_\_  
 Car inspections \$ \_\_\_\_\_  
 Public transportation \$ \_\_\_\_\_  
 Health insurance \$ \_\_\_\_\_  
 Life insurance \$ \_\_\_\_\_  
 Food (Groceries) \$ \_\_\_\_\_  
 Medical prescriptions \$ \_\_\_\_\_  
 Childcare / Babysitter \$ \_\_\_\_\_  
 Child support / Alimony \$ \_\_\_\_\_  
 Credit Card debt \$ \_\_\_\_\_  
 Personal loans \$ \_\_\_\_\_  
 Student loans \$ \_\_\_\_\_  
 Other loans \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## Necessities

Gas \$ \_\_\_\_\_  
 Car maintenance \$ \_\_\_\_\_  
 Parking and tolls \$ \_\_\_\_\_  
 School tuition \$ \_\_\_\_\_  
 Books and supplies \$ \_\_\_\_\_  
 Clothing \$ \_\_\_\_\_  
 Laundry / Dry cleaning \$ \_\_\_\_\_  
 Phone \$ \_\_\_\_\_  
 Internet \$ \_\_\_\_\_  
 Home maintenance \$ \_\_\_\_\_  
 Cleaning supplies \$ \_\_\_\_\_  
 Medical co-payments \$ \_\_\_\_\_  
 Dental Co-payments \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

## Voluntary expenses

Cable \$ \_\_\_\_\_  
 Haircuts / Salon \$ \_\_\_\_\_  
 Manicure / Pedicure \$ \_\_\_\_\_  
 Cosmetics \$ \_\_\_\_\_  
 Movies / video rentals \$ \_\_\_\_\_  
 Restaurants \$ \_\_\_\_\_  
 Work / school lunch \$ \_\_\_\_\_  
 Lottery tickets \$ \_\_\_\_\_  
 Tobacco products \$ \_\_\_\_\_  
 Beer/wine/Liquor \$ \_\_\_\_\_  
 Gym / Fitness \$ \_\_\_\_\_  
 Vacation/ Travel \$ \_\_\_\_\_  
 Gifts / Birthdays/ Special oc. \$ \_\_\_\_\_  
 Holiday gifts \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Total Income \$ \_\_\_\_\_

- Total Monthly expenses \$ \_\_\_\_\_

= Cash Flow \$ \_\_\_\_\_

**(Positive or Negative Financial situation)**

**Personal report of debts**

Updated on \_\_\_\_/\_\_\_\_/\_\_\_\_

Credit Score: \_\_\_\_\_

	<b>Name Of Lenders/ creditors</b>	<b>Credit Limit</b>	<b>Interest Rate %</b>	<b>Outstanding Bal- ance</b>	<b>Minimum Monthly Payment</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	<b>TOTALS</b>				

## Action Plan

**I plan to achieve my goals by doing the following:**

One commitment that I have with myself:

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One habit that I want to change is:

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## What are my Next Steps?

- Continue meeting or schedule my first appointment with the Financial Coach
- Review and discuss my Credit Report and Credit Score and possible strategies to improve it
- Review my Family budget and stick to it
- Start or continue with a savings plan
- Explore ways to increase my income
- Start a debt reduction plan

- Continue meeting or schedule my first appointment with the Financial Counselor
- Learn if I am eligible to receive benefit supports such as:  
Fuel Assistance, MassHealth, Food Stamps, Childcare Vouchers and others.
- Meet the Employment Counselor to find a job or to change jobs and increase my income