

The CareOne Budget Planning Guide

Use this guide to easily track your expenses.

Name:						
Date Range:	/	_/	to	/	/	

The CareOne Budget CareONE Planning Guide

Using the CareOne Budget Planning Guide, you can easily analyze where your money is being spent by tracking and categorizing your expenses into household fixed, variable, and discretionary expenses. This guide allows you to set realistic money management goals—and adjust your spending habits so that you can reach these goals.

		Household Fi	ixed Exp	For Goal Setting					ting		
To Be Paid	Company Owed To	Amount Owed	Subtract (-)	Amount Paid	Date Paid	Amount Remaining	Next Payment Due Date	Goal Date To Be Paid Off	Divide by Months Until Goal Date	Amount Each Month	
HOUSING											
Mortgage/Rent		\$	_	\$		\$				\$	
Insurance		\$	_	\$		\$				\$	ant.
Taxes		\$	_	\$		\$				\$	ayme
		\$	_	\$		\$				\$	that
EDUCATION											d on 1
Student Loan		\$	_	\$		\$				\$	base
		\$	_	\$		\$				\$	date
AUTOMOBILE											goal
Car Payment #1		\$	_	\$		\$				\$	u. Set a
Car Payment #2		\$	_	\$		\$				\$	or yo
Insurance		\$	_	\$		\$				\$	istic f
		\$	_	\$		\$				\$	reali um p
MEDICAL											unt is
Doctor Visits		\$	_	\$		\$				\$	amo the n
Prescriptions		\$	_	\$		\$				\$	this
Medical Treatments		\$	_	\$		\$				\$	sure
Insurance		\$	_	\$		\$				\$	Make ay (n
		\$	_	\$		\$				\$	can p
CHILDCARE											you
Daycare Expenses		\$	_	\$		\$				\$	much
		\$	_	\$		\$				\$	how r
CREDIT CARD DEBT											with
Creditor #1		\$	_	\$		\$				\$	Make sure this amount is realistic for you. If not, stick with how much you can pay (more than the minimum payment). Set a goal date based on that payment.
Creditor #2		\$	_	\$		\$				\$	not, s
Creditor #3		\$	_	\$		\$				\$	<u>=</u>
Creditor #4		\$	_	\$		\$				\$	
Creditor #5		\$	_	\$		\$				\$	
ADD TOGETHER TO TOTAL AMOUNT PAID:			\$								



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		For Goal Setting									
To Be Paid	Company Owed To/ Other Title	Amount Owed	Subtract (-)	Amount Paid	Date Paid	Amount Remaining	Next Payment Due Date	Goal Date To Be Paid Off	Divide by Months Until Goal Date	Amount Each Month	
SAVINGS			·								
Long Term Retirement		\$	_	\$		\$				\$]
Short Term: Vacations, Holiday Shopping, etc.		\$	_	\$		\$				\$	ant.
Emergency		\$	_	\$		\$				\$	ayme
		\$	_	\$		\$				\$	hat p
UTILITIES											ont
Water		\$	_	\$		\$				\$	ased
Electricity		\$	_	\$		\$				\$	ate b
Gas		\$	_	\$		\$				\$	oald
Telephone		\$	_	\$		\$				\$	it a g
Sanitation		\$	_	\$		\$				\$	r you.
Home Maintenance		\$	_	\$		\$				\$	tic fo
		\$	_	\$		\$				\$	ealis n pa
FOOD											nt is r
Restaurant		\$	_	\$		\$				\$	mour e mir
Grocery		\$	_	\$		\$				\$	his al an th
		\$	_	\$		\$				\$	ure t
TRANSPORTATION											ake s
Car Maintenance		\$	_	\$		\$				\$	M n pay
Fuel		\$	_	\$		\$				\$	on ca
		\$	_	\$		\$				\$	ich yc
PERSONAL											w mc
Adult Clothing		\$	_	\$		\$				\$	Make sure this amount is realistic for you. If not, stick with how much you can pay (more than the minimum payment). Set a goal date based on that payment.
Children's Clothing		\$	_	\$		\$				\$	Ck wi
Dry Cleaning		\$	_	\$		\$				\$	t, sti
Tailoring		\$	_	\$		\$				\$	If no
Cosmetics		\$	_	\$		\$				\$	1
Baby Sitter		\$	_	\$		\$				\$	1
Salon Services		\$	_	\$		\$				\$	1
Salon Services	Salon Services \$ — ADD TOGETHER TO TOTAL AMOUNT PAID:					\$				\$	



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Discretionary Expenses									For Goal Setting			
To Be Paid	Company Owed To/ Other Title	Amount Owed	Subtract (-)	Amount Paid	Date Paid	Amount Remaining	Next Payment Due Date	Goal Date To Be Paid Off	Divide by Months Until Goal Date	Amount Each Month		
Entertainment (includes recreation)		\$	_	\$		\$				\$	vith	
Cable		\$	_	\$		\$				\$	Make sure this amount is realistic for you. If not, stick with how much you can pay (more than the minimum payment).	
Television		\$	_	\$		\$				\$	not, s	
Internet		\$	_	\$		\$				\$	ou. If	
Magazine Subscriptions		\$	_	\$		\$				\$	for you	
Book Purchases		\$	_	\$		\$				\$	listic	
Game Purchases		\$	_	\$		\$				\$	ls rea	
Gifts		\$	_	\$		\$				\$	ount i	
Other #1		\$	_	\$		\$				\$	s amo	
Other #2		\$	-	\$		\$				\$	e this	
Other #3		\$	-	\$		\$				\$	e sur	
Other #4		\$	-	\$		\$				\$	Mak	
Other #5		\$	_	\$		\$				\$		
	\$											
				Analyzing	Your Mo	oney						
	Write In:		Example:									
	\$		\$2,500	1								
	_		_	-								
Write Total Amount Paid here:				\$		\$530	-					
	\$		\$1970									

We take your success very seriously, and work hard to support and assist you in selecting the plan that is right for you. Please feel free to contact us at 1-800-483-8033 with any questions.

<u>Click here</u> to view all of our informative guides. For a comprehensive list of financial terms, check out our glossary at http://www.careonecredit.com/knowledge/financial-glossary.aspx





careonecredit.com

1-800-483-8033

To create a complete spending plan contact one of our certified credit counselors during the following operating hours:

Monday through Friday 8:00am to 12:00am EST Saturday 9:00am to 7:00pm EST Sunday 9:00am to 6:00pm EST

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