

Personal Financial Inventory

Client name: _____

Co-Client name: _____

Date (mm/dd/yy): _____

Assets	Current Value	Monthly Savings
Primary Residence	_____	_____
Other Real Estate	_____	_____
Cars	_____	_____
Business	_____	_____
Checking Account	_____	_____
Savings Account	_____	_____
Money Market	_____	_____
CDs	_____	_____
Bonds	_____	_____
Stocks / Mutual Funds	_____	_____
Retirement Plans	_____	_____
	_____	_____
Total	_____	_____

Liabilities	Current Value	Monthly Payment
Credit Cards	_____	_____
	_____	_____
Mortgage	_____	_____
	_____	_____
Car Loans	_____	_____
	_____	_____
Student Loans	_____	_____
	_____	_____
	_____	_____
Other Loans	_____	_____
	_____	_____
Total	_____	_____

Total Net Worth _____

Cash Flow

Income	Monthly	Annual
Salary (Client A)	_____	_____
Salary (Client B)	_____	_____
Interest and Dividends	_____	_____
Pensions and Alimony	_____	_____
Social Security (Client A)	_____	_____
Social Security (Client B)	_____	_____
Rental Income	_____	_____
Annuities	_____	_____
<i>Other</i>	_____	_____
Total Income	_____	_____

Expenses	Monthly	Annual
<i>Taxes</i>	_____	_____
Federal	_____	_____
State and Local	_____	_____
FICA	_____	_____
Self Employment	_____	_____
Taxes Total	_____	_____
<i>Housing</i>	_____	_____
Rent	_____	_____
Utilities	_____	_____
Furnishings	_____	_____
Home Maintenance	_____	_____
Housing Total	_____	_____
<i>Transportation</i>	_____	_____
Gas	_____	_____
Maintenance	_____	_____
License Fees	_____	_____
Parking	_____	_____
Transportation Total	_____	_____

	Monthly	Annual
<i>Entertainment</i>	_____	_____
Dining Out	_____	_____
Movies	_____	_____
Vacations	_____	_____
Club Dues	_____	_____
<i>Gifts</i>	_____	_____
Entertainment Total	_____	_____
<i>Insurance</i>	_____	_____
Life	_____	_____
Health	_____	_____
Disability	_____	_____
Homeowners	_____	_____
Auto	_____	_____
Long Term Care	_____	_____
Insurance Total	_____	_____
<i>Other</i>	_____	_____
Food and Beverage	_____	_____
Child Care/ Child Support	_____	_____
Personal Care / Cash	_____	_____
Clothing	_____	_____
Medical / Dental / Drugs	_____	_____
Education / Self-Improvement	_____	_____
Dry Cleaning	_____	_____
Cable / Phone	_____	_____
Pet Care	_____	_____
Charity	_____	_____
Other Total	_____	_____
Total Expenses	_____	_____

Total Discretionary Funds _____