

# Financial Wellness Program Budget Cash Flow Worksheet

The Actors Fund,  
for everyone  
in entertainment.

## FIXED MONTHLY EXPENSES

Rent / Mortgage \_\_\_\_\_ Monthly Car Payment \_\_\_\_\_  
 Student Loan Payment \_\_\_\_\_ Other \_\_\_\_\_  
 Maintenance/Common Charges \_\_\_\_\_ Other \_\_\_\_\_

**SUBTOTAL: FIXED MONTHLY EXPENSES = \_\_\_\_\_**

## REGULAR MONTHLY EXPENSES

Credit Card Minimum #1 \_\_\_\_\_ Gas / Propane \_\_\_\_\_  
 Credit Card Minimum #2 \_\_\_\_\_ Water \_\_\_\_\_  
 Credit Card Minimum #3 \_\_\_\_\_ Gym Membership \_\_\_\_\_  
 Monthly Parking Garage \_\_\_\_\_ Subway / Rail \_\_\_\_\_  
 Cable Television \_\_\_\_\_ Psychotherapy \_\_\_\_\_  
 Internet \_\_\_\_\_ Childcare \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Charity / Tithe \_\_\_\_\_  
 Land Line \_\_\_\_\_ Other \_\_\_\_\_  
 Electric \_\_\_\_\_ Other \_\_\_\_\_

**SUBTOTAL: REGULAR MONTHLY EXPENSES = \_\_\_\_\_**

## FLEXIBLE MONTHLY EXPENSES

Groceries \_\_\_\_\_/wk x 4 = \_\_\_\_\_/mo. Personal Care Services \_\_\_\_\_  
 Coffee / Breakfast \_\_\_\_\_/wk x 4 = \_\_\_\_\_/mo. Personal Care Products \_\_\_\_\_  
 Deli/Lunch \_\_\_\_\_/wk x 4 = \_\_\_\_\_/mo. Household Expenses \_\_\_\_\_  
 Restaurant / Delivery \_\_\_\_\_/wk x 4 = \_\_\_\_\_/mo. Business Costs / Lessons \_\_\_\_\_  
 Laundry / Dry Cln'g \_\_\_\_\_/wk x 4 = \_\_\_\_\_/mo. Clothing \_\_\_\_\_  
 Taxis \_\_\_\_\_/wk x 4 = \_\_\_\_\_/mo. Medical Expenses \_\_\_\_\_  
 Gasoline \_\_\_\_\_/wk x 4 = \_\_\_\_\_/mo. Gifts \_\_\_\_\_  
 Entertainment \_\_\_\_\_/wk x 4 = \_\_\_\_\_/mo. Other \_\_\_\_\_  
 Other \_\_\_\_\_/wk x 4 = \_\_\_\_\_/mo. Other \_\_\_\_\_

**SUBTOTAL: FLEXIBLE MONTHLY EXPENSES = \_\_\_\_\_**

**FIXED + REGULAR + FLEXIBLE = TOTAL MONTHLY EXPENSES = \_\_\_\_\_**

## PERIODIC EXPENSES

**(Calculate  
YEARLY amounts.)**

Quarterly Health Insurance \_\_\_\_\_ x 4 = \_\_\_\_\_/yr. Property Taxes \_\_\_\_\_  
 Semi-annual Union Dues \_\_\_\_\_ x 2 = \_\_\_\_\_/yr. Travel / Vacation \_\_\_\_\_  
 Semi-annual Car Insurance \_\_\_\_\_ x 2 = \_\_\_\_\_/yr. Holiday \_\_\_\_\_  
 Other \_\_\_\_\_ Other \_\_\_\_\_

**SUBTOTAL: ANNUAL PERIODIC EXPENSES = \_\_\_\_\_**

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## Monthly Net (After Tax) Income

\$ \_\_\_\_\_ Employment Source #1

\$ \_\_\_\_\_ Employment Source #2 (if applicable)

\$ \_\_\_\_\_ Unemployment Insurance Benefits

\$ \_\_\_\_\_ Residuals / Royalties

\$ \_\_\_\_\_ Food stamps

\$ \_\_\_\_\_ Public Assistance / DAS / AFDC

\$ \_\_\_\_\_ State Disability

\$ \_\_\_\_\_ Social Security / SSD

\$ \_\_\_\_\_ Supplemental Security Income (SSI)

\$ \_\_\_\_\_ Pension

\$ \_\_\_\_\_ Worker's Compensation

\$ \_\_\_\_\_ Alimony / Child Support (Received)

\$ \_\_\_\_\_ Spouse / Family Support

\$ \_\_\_\_\_ Interest from Annuity

\$ \_\_\_\_\_ Other: \_\_\_\_\_

**\$ \_\_\_\_\_ TOTAL MONTHLY INCOME**

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## Irregular / Lump Sum Income

\$ \_\_\_\_\_ Source: \_\_\_\_\_ When? \_\_\_\_\_

\$ \_\_\_\_\_ Source: \_\_\_\_\_ When? \_\_\_\_\_

\$ \_\_\_\_\_ Source: \_\_\_\_\_ When? \_\_\_\_\_