

LIFESTYLE NEEDS

Our planning is committed to meeting your lifestyle needs.
Please help us by completing this worksheet before our meeting.

Name:

Date:

Personal Lifestyle Needs (Excludes Farming & Corp.Expenses)

Standard of Living	\$ Monthly
Housing- mortgage payments (principal and interest only) or rent	=
Automobile Transportation (gas, maintenance, and payments)	=
Debt Repayment (credit card, other loans, etc.)	=
Food (home and work)	=
Medical/Dental (uninsured or not paid by insurance)	=
Entertainment/Recreation	=
Charity, Gifts	=
Clothing	=
Vacation	=
Home Maintenance/Furnishings	=
Utilities & Misc. Costs (phone, dry-cleaning, newspapers, etc.)	=
Non-reimbursed employee business expenses	=
Other	=
Property Taxes	=
Life Insurance	=
Disability Insurance	=
Homeowner's/Renters Insurance	=
Auto Insurance	=
Other	=
TOTAL STANDARD OF LIVING \$	=