

Do you know what you are spending your money on?

Plan to get your expenses under control by using this comprehensive budget.

Convert all your income and expense details to monthly amounts.

Section A – Income after tax



Your after tax income	_____
Partner/spouse after tax income	_____
Pension/benefit	_____
Family payment	_____
Child support received	_____
Board money received	_____
Investment (after tax)	_____
Other income (after tax)	_____



TOTAL INCOME
FOR SECTION A

Section B – Expenses



Housing	Rent	_____	Personal	Clothing haircuts	_____
	1st mortgage	_____		Grooming/cosmetics	_____
	2nd mortgage	_____		Entertainment	_____
	Land rates	_____		Sport	_____
	Water rates	_____		Club fees	_____
	House and contents insurance	_____		Newspapers and magazines	_____
	House repairs	_____		Holidays	_____
	Strata levies	_____		Gifts	_____
	Home contents replacements	_____		Pocket money – children	_____
Education	School fees	_____		Drinks alcoholic	_____
	Uniforms	_____		Cigarettes/tobacco	_____
	Self education	_____		Laundry/dry cleaning	_____
	School excursions	_____		Gambling/other	_____
	Tutoring/books	_____		Donations/other	_____
	Sports/out of school activities	_____		DVDs/videos/movies	_____
	Pre-school	_____		Postage/films	_____
	Child minding	_____		Pool/gardening expenses	_____

Section B – Expenses



Utilities	Electricity	_____
	Gas	_____
	Water	_____
	Mobile phone	_____
	Internet and cable TV	_____
Food	Groceries	_____
	Lunches	_____
	Pet food	_____
	Take away food/restaurants	_____
Transport	Petrol	_____
	Repairs	_____
	Registration	_____
	Fines	_____
	Insurance	_____
	License	_____
	Fares	_____

Maintenance	Children	_____
Medical	Health insurance	_____
	Doctor	_____
	Dentist	_____
	Chemist	_____
	Eye care and optometrist	_____
	Specialists/alternative therapies	_____
	Pet and vet	_____
Other	Superannuation	_____
	Life/term/income insurance	_____
	Professional fees	_____
	Other expenditure	_____
	Savings	_____
	Special projects	_____

**TOTAL EXPENSES
FOR SECTION B**

Section C – Your loan expenses

Credit cards	_____
Personal loans	_____
Car loans/hire purchase	_____
Store cards/accounts	_____
Finance companies	_____
Home loans	_____
Other debts	_____


**TOTAL EXPENSES
FOR SECTION C**

Your after tax income
(from section A)


Less your living expenses
(from section B)

Less your loan expenses
(from section C)


Net Result



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Home Inspection Checklist

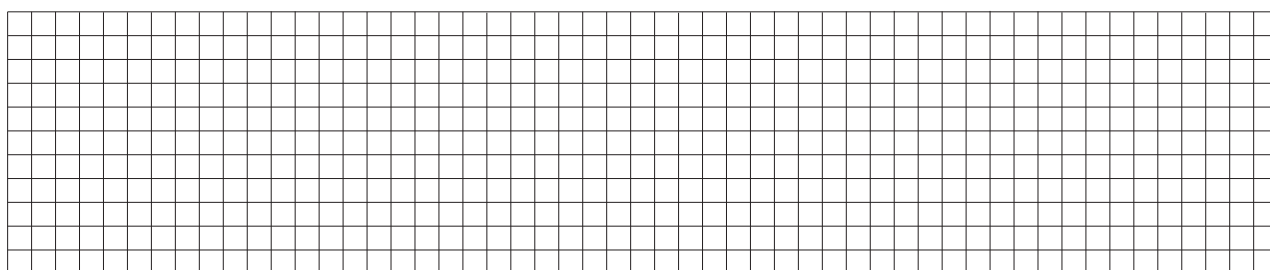
Address _____

 Price estimate _____
 Selling agent _____
 Contact name _____
 Phone number _____

Land Size _____ No. of Rooms _____
 Construction - Roof _____
 Walls _____
 Water Pressure _____ No. of Bathrooms _____



Sketch Floor Plan



Exterior	Poor	Average	Good		Poor	Average	Good
Landscaping/garden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of exterior walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of gutters/downpipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage/undercover/off-street parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of footings/timber stumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Termite damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sub-floor ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments							

Interior	Poor	Average	Good		Poor	Average	Good
Condition of floors/floor coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating - central/fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceilings - cracks/leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls - cracks/leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage/cupboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of paint/wallpaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows - condition/ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doors condition/ease of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light fittings/switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments							