

Flip My Budget

Date Prepared: ___ / ___ / ___

Home	Client			Spouse:		
	Monthly	Annual	Shared	Monthly	Annual	Shared
Rent / Mortgage						
Condo Fees						
Property Taxes						
Repairs / Maintenance						
Landscaping						
Snow Removal						
Water						
Heat						
Electricity						
Telephone						
Cell Phone						
Cable / Satellite TV						
Internet						
Groceries						
Household Supplies						
Meals Away From Home						
Pet Care						
Laundry / Dry Cleaning						
Furniture / Equipment						
Cleaning Services						
Other (specify)						
Total Home Expenses:	\$	\$	\$	\$	\$	\$

Information provided on this document is general in nature and does not constitute as financial advice. Every effort has been made to ensure that the information provided is accurate. Individuals must not rely solely on this information to make a financial or investment decision. Before making any decision, we recommend you consult Flip My Life Inc. to take into account your particular investment objectives, financial situation and individual needs. Flip My Life Inc. and its employees do not accept any liability for any error or omission on this document or for any resulting loss or damage suffered by the recipient or any other person

Transportation	Client			Spouse:		
	Monthly	Annual	Shared	Monthly	Annual	Shared
Public Transit & Taxis						
Gas and Oil						
License						
Repairs / Maintenance						
Parking						
Loan / Lease Payments						
Tolls						
Other (specify)						
Total Transportation Expenses:	\$	\$	\$	\$	\$	\$

Health	Client			Spouse:		
	Monthly	Annual	Shared	Monthly	Annual	Shared
Dental & Orthodontics						
Medicine & Drugs						
Eye Care						
Therapist / Counselor						
Physical Therapy						
Massage						
Vitamins/Supplements						
Other (specify)						
Total Health Expenses:	\$	\$	\$	\$	\$	\$

Insurance	Client			Spouse:		
	Monthly	Annual	Shared	Monthly	Annual	Shared
Home / Tenant						
Car						
Life						
Disability						
Extended Health						
Dental Plan Premiums						
Long-Term Care						
Other (specify)						
Total Insurance Expenses:	\$	\$	\$	\$	\$	\$

Personal	Client			Spouse:		
	Monthly	Annual	Shared	Monthly	Annual	Shared
Clothing						
Hair Care & Beauty						
Education						
Entertainment						
Hobbies & Recreation						
Subscriptions						
Alcohol & Tobacco						
Other (specify)						
Total Personal Expenses:	\$	\$	\$	\$	\$	\$

Child-Related	Client			Spouse:		
	Monthly	Annual	Shared	Monthly	Annual	Shared
Child Care						
School Fees / Supplies						
Clothing						
Hair Care & Toiletries						
Entertainment						
Activities & Lessons						
Summer Camp						
Other (specify)						
Total Child-Related Expenses:	\$	\$	\$	\$	\$	\$

Other	Client			Spouse:		
	Monthly	Annual	Shared	Monthly	Annual	Shared
Vacations						
Gifts & Holiday						
Charitable Donations						
RRSP / RESP						
Membership Dues						
Professional Fees						
Service & Bank Fees						
Credit Card Debt						
Loan Payments						
Child Support						
Spousal Support						
Other (specify)						
Total Other Expenses:	\$	\$	\$	\$	\$	\$

Summary	Client			Spouse:		
	Monthly	Annual	Shared	Monthly	Annual	Shared
Home						
Transportation						
Insurance						
Health						
Personal						
Child Related						
Other						
Total Expenses:	\$	\$	\$	\$	\$	\$