ANALYSIS OF BUDGET -



Completed forms can be sent to counselingforms@americafirst.com, faxed to 801-215-7332, or dropped off at any branch location. A credit union representative will contact the member to schedule the appointment once the paperwork is received.

DATE

ACCOUNT #

First Name		Initial	La	st				Emp	oloyer Name				Vork Ph	one	
Street Adress				Но	w L	ona?	Yrs. Mo:	s. Pos	ition			L Ho	w Long	? Yrs.	Mos.
						J. J.									
City State Zip							Spo	Spouse Employer Name Work Phone							
Date of Birth	E-mail			F	hon	ne		Pos	ition			Но	w Long	? Yrs.	Mos.
Spouse Name Initial Last						Noa	roct rolativo n	ot living with		Б	hone	J L] [
Spouse Name	:	Initial	Ld	St				Ned	rest relative, n	ot living with	i you		Tione		
Date of Birth	E-mail			F	hor	ne		City	,			State	Zip		
Own Rent D	Describe if other							Age	of Dependen	ts					
ASSETS (Incompression)	cludes real esta		hicle Morte or L	gage	d	igs ac	Ccounts) Current Value		NTHLY INCO)ME (Take F	lome)				
		\	/es	No				_	use Income						
			es .	No				Sou	rces of Other	Income					
			/es /es –	No No				1							
		\	es_	_ No	o			2							
		\	/es	No)			101	AL INCOME						
Purpose of Account	EBTS AND FIN	Nam Cred	e of	BLI	GAT	IONS	Due Date	ing medi Interest Rate	cal bills, payo Limit or Original Amount	day loans, c Balance	collection # of Paymen Past Du	ts M	d judgn onthly yment	Prope Payn	
Mortgage/Ren	nt														
	<u> </u>						1	DEB	T/SUB TOTAL						
1 MONT	HLY OBLIGAT	IONS	TO C	.DEL)IT) PS									

ANALYSIS OF BUDGET

LIST WHAT YOU SPEND IN EACH CATEGORY PER MONTH

	Current Amount	Proposed Amount			
Lights	Amount	Amount		Current	Proposed
Heat			TOTAL INCOME		
Water/Sewer					
Garbage			1 Less Monthly to creditors		
Cell Phone					
TV/Cable			2 Less fixed expenses		
· ·					
Computer/Internet Condo/Lot/HOA Fees			3 Less other expenses		
Life Insurance			Over/Short		
Car Insurance					
Medical Insurance					
Prescriptions					
Home Insurance*			RESET FORM PRINT BLANK FORM	PRINT FORM	SUBMIT FORM
Property Taxes*					
Car Taxes/License*			NOTES		
Alimony					
Child Support					
Day Care					
2 FIXED EXPENSE SUBTOTAL					
Groceries					
Toiletries/Misc.					
Gasoline					
Church/Charity					
Memberships					
Subscriptions Books/Music/Games					
School Lunches					
Allowances					
Med/DDS/Vision*					
Storage Unit					
Alarm System					
Car Maintenance*					
Vacations*					
Home Maintenance*					
Transportation/Bus,etc.					
Clothing*					
Dry Cleaning/Laundry					
Animals/Pets					
Barber/Beauty Shop					
Nails/Lashes					
Hobbies/Sports*					
Entertainment					
Work Lunches/Breaks					
Dinner Out					
Alcohol/Tobacco/Vape					
Christmas*			1		
Gifts*			1		
Savings			†		
Other					
3 OTHER EXPENSES SUBTOTAL					
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*Periodic Expenses Monthly Total:

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Money that MUST go into SAVINGS monthly to pay for upcoming expected expenses to avoid future debt.

