

Household Retirement Planning Expenses		
CLIENTS(S):		DATE:
Phone #:		Email:
Major Expenses:	Per Month	Per Year
1. Property taxes:		
2. Insurance: Home:		
Umbrella:		
Long term care:		
Other:		
3. Major home improvements, maintenance or other large purchases anticipated ?		
Item _____ every _____ years		
Item _____ every _____ years		
Item _____ every _____ years		
Basic Living Expenses:	Per Month	Per Year
1. Housing: Utilities:		
Other:		
2. Food: Groceries:		
Dining Out:		
3. Transportation: Fuel:		
Auto Payment:		
Maintenance:		
Insurance:		
4. Health Care: Prescriptions:		
Medical Services:		
Health Insurance:		
5. Personal Care: Clothing:		
Products & Servies:		
6. Travel/Vacations:		
7. Miscellaneous: Entertainment:		
Gifts:		
Charitable Contributions:		
8. Other Expenses:		
TOTAL		