

Appendix 2: Sick and Tired

Gather all your bills and receipts. Write down all of your bills with their interest rates and monthly payments. Answer two questions: Is this bill in your budget? Can you pay it off this month?

Your net income: \$ _____

Bill	Interest Rate	Monthly Payment	Remaining Balance	In Budget?	Can this be paid off this month?
Mortgage or Rent				Yes / No	Yes / No
Utilities				Yes / No	Yes / No
Home phone				Yes / No	Yes / No
Cell phone				Yes / No	Yes / No
Home Repair, Improvement				Yes / No	Yes / No
Insurances and Security				Yes / No	Yes / No
Tithes and Savings (401(k), Roth IRAs, CDs, etc.)				Yes / No	Yes / No
Medical Expenses				Yes / No	Yes / No
Credit Card #1				Yes / No	Yes / No
Credit Card #2				Yes / No	Yes / No
Credit Card #3				Yes / No	Yes / No
Loan #1				Yes / No	Yes / No
Loan #2				Yes / No	Yes / No
Food				Yes / No	Yes / No
Child Care				Yes / No	Yes / No
Child Expenses				Yes / No	Yes / No
Dry Cleaning				Yes / No	Yes / No
Gas				Yes / No	Yes / No
Car Insurance and Repair				Yes / No	Yes / No
Parking and Public				Yes / No	Yes / No

Transportation					
Entertainment				Yes / No	Yes / No
Personal (Salon, Barber, Clothing, Hygiene)				Yes / No	Yes / No
Other (e.g., Subscriptions)				Yes / No	Yes / No

Sick and Tired Yes / No