
HOUSEHOLD FINANCES ORGANIZER

FROM CHAOS TO CONFIDENCE

OurAgingParents.net

© COPYRIGHT 2019 OUR AGING PARENTS. ALL RIGHTS RESERVED.

ORGANIZING YOUR HOUSEHOLD FINANCES

Are your financial records in order? Are your ownership and account documents easy to find? Who are your professional advisors? What if your wallet or purse was stolen? Which credit card companies would you notify? What are their phone numbers?

What if you are in a serious accident tomorrow? Could someone step in and handle your daily affairs while you recovered? What if you should die tomorrow? Could your spouse or heirs easily settle your estate? Or, will they find a jumble of unorganized papers scattered throughout your house? At your attorney's or accountant's office? In your safe deposit box?

This Household Finances Organizer was designed to help you answer these questions. It will definitely make the job easier for anyone else who needs to manage or settle your affairs. But, more importantly, it will help you manage your own affairs more easily, with greater peace-of-mind.

This organizer is very comprehensive; not every page may apply to you. Don't try to complete it all at once. Relax and take your time. Remember to make changes as they occur. We recommend that you update everything at least once each year.

Attorney:

Name _____

Address _____

_____ Phone _____

Accountant or Tax Preparer:

Name _____

Address _____

_____ Phone _____

Financial Planner:

Name _____

Address _____

_____ Phone _____

Investment or Stock Broker:

Name _____

Address _____

_____ Phone _____

Insurance Agent - Life:

Name _____

Address _____

_____ Phone _____

Insurance Agent - Health:

Name _____

Address _____

_____ Phone _____

Insurance Agent - Auto:

Name _____

Address _____

_____ Phone _____

Insurance Agent - Home:

Name _____

Address _____

_____ Phone _____

Clergy - His:

Name _____

Address _____

_____ Phone _____

Clergy - Hers:

Name _____

Address _____

_____ Phone _____

Other Advisor:

Name _____

Address _____

_____ Phone _____

For _____

Other Advisor:

Name _____

Address _____

_____ Phone _____

For _____

Other Advisor:

Name _____

Address _____

_____ Phone _____

For _____

Other Advisor:

Name _____

Address _____

_____ Phone _____

For _____

We recommend that you use monthly income information. If some of your income sources pay you more or less often than once a month, first estimate your annual income from those sources, then divide by 12 to find the monthly amount. (Some types of income can fit into more than one category; be sure that you count each source of income only once.)

	HIS	HERS
Salary / Wages	\$ _____	\$ _____
Bonuses / Incentives	_____	_____
Commissions	_____	_____
Interest / Dividends	_____	_____
Loan Repayments	_____	_____
Partnership Draw	_____	_____
Rents	_____	_____
Reverse Mortgage	_____	_____
Royalties / Licensing Fees	_____	_____
Self-Employment Draw	_____	_____
Social Security Survivors' Benefits	_____	_____
Unemployment Compensation	_____	_____
Alimony	_____	_____
Child Support	_____	_____
Court Settlement	_____	_____
Disability / Long-Term Care Insurance Benefits	_____	_____
Social Security Disability Benefits	_____	_____
Union Disability Benefits	_____	_____
VA Disability Benefits	_____	_____
Workers' Compensation	_____	_____
Annuities	_____	_____
Deferred Compensation	_____	_____
Pension / Profit-Sharing Plans	_____	_____
401(k) or 403(b) Plans	_____	_____
IRAs	_____	_____
Keogh / SEP Plans	_____	_____
Military Pension	_____	_____
Social Security Retirement	_____	_____
Union Pension	_____	_____
Other _____	_____	_____
Total Income from all sources for each person	\$ _____	\$ _____
TOTAL FAMILY INCOME	\$ _____	\$ _____

MONTHLY EXPENSES - BUDGETED VS ACTUAL

	Budgeted	Actual
Mortgage / Rent / Condo Fees	\$ _____	\$ _____
Auto: Gas / Maintenance / Repairs	_____	_____
Child Care	_____	_____
Clothing	_____	_____
Commuting (other than Auto)	_____	_____
Dining / Entertainment / Hobbies / Recreation / Vacations	_____	_____
Education (other than Student Loans)	_____	_____
Gifts / Donations	_____	_____
Groceries: Food / Household Supplies	_____	_____
Household Maintenance / Repairs	_____	_____
Insurance Premiums: Auto	_____	_____
Disability	_____	_____
Home / Property	_____	_____
Life / Accident	_____	_____
Medical / Dental / Medicare	_____	_____
Other	_____	_____
Loan Payments: Auto	_____	_____
Credit Cards / Charge Accounts	_____	_____
Home Equity	_____	_____
Student Loans	_____	_____
Magazines / Newspapers / Books	_____	_____
Medical / Dental Expenses not paid by insurance	_____	_____
Personal Care (Hair / Cosmetics / etc.)	_____	_____
Pet Food / Care	_____	_____
Retirement Plan Contributions (IRA / 401k / 403b / etc.)	_____	_____
Savings / Investments	_____	_____
Taxes: Income - Federal / State / Local	_____	_____
Property - Real Estate / Personal	_____	_____
Utilities: Cable / Satellite TV	_____	_____
Electric	_____	_____
Garbage	_____	_____
Heating - Gas / Oil / Other	_____	_____
Telephone	_____	_____
Water	_____	_____
Other Expenses	_____	_____
TOTAL EXPENSES	\$ _____	\$ _____

(enter home equity loan information, if any, on page 11)

Address _____

Do you rent or own this residence? _____

If you RENT, Landlord's Name and Address _____

_____ Phone _____

Lease or Rental Agreement runs from _____ to _____

TOTAL MONTHLY RENT: \$ _____ due on the _____ of each Month

If you OWN, Names of Owner(s) _____

_____ Date of Purchase _____

Purchase Price: \$ _____

+ Title Insurance: _____

+ Recording Fees: _____

+ Attorney Fees: _____

+ Other Fees: _____

TOTAL PURCHASE PRICE: \$ _____

Most recent appraised value = \$ _____ Date _____

Mortgage Held By _____ Phone _____

Address _____

Date of Mortgage _____ Loan Number _____ Mortgage Period = _____ Years

Annual Interest Rate _____% Is this Interest Rate Variable? _____ If YES, explain _____

Is this Mortgage covered by Mortgage Life and/or Disability Insurance? _____

Title Insurance Company _____

Address _____

Policy Number _____ Location of Policy _____

Property Taxes = \$ _____ per year, due on _____ and _____

Paid Directly or paid in Escrow to Mortgage Holder? _____

For Co-ops and Condominiums:

Management Firm _____

Address _____ Phone _____

Membership Dues or Maintenance Fees = \$ _____ payable each _____

Monthly Payment: Principal & Interest: \$ _____

Property Taxes: + _____

Homeowner's Property Insurance: + _____

Mortgage Life and Disability Insurance: + _____

TOTAL MONTHLY PAYMENT: \$ _____ due on the _____ of each Month

(enter home equity loan information, if any, on page 11)

Address _____

Do you rent or own this residence? _____

If you RENT, Landlord's Name and Address _____

_____ Phone _____

Lease or Rental Agreement runs from _____ to _____

TOTAL MONTHLY RENT: \$ _____ due on the _____ of each Month

If you OWN, Names of Owner(s) _____

_____ Date of Purchase _____

Purchase Price: \$ _____

+ Title Insurance: _____

+ Recording Fees: _____

+ Attorney Fees: _____

+ Other Fees: _____

TOTAL PURCHASE PRICE: \$ _____

Most recent appraised value = \$ _____ Date _____

Mortgage Held By _____ Phone _____

Address _____

Date of Mortgage _____ Loan Number _____ Mortgage Period = _____ Years

Annual Interest Rate _____% Is this Interest Rate Variable? _____ If YES, explain _____

Is this Mortgage covered by Mortgage Life and/or Disability Insurance? _____

Title Insurance Company _____

Address _____

Policy Number _____ Location of Policy _____

Property Taxes = \$ _____ per year, due on _____ and _____

Paid Directly or paid in Escrow to Mortgage Holder? _____

For Co-ops and Condominiums:

Management Firm _____

Address _____ Phone _____

Membership Dues or Maintenance Fees = \$ _____ payable each _____

Monthly Payment: Principal & Interest: \$ _____

Property Taxes: + _____

Homeowner's Property Insurance: + _____

Mortgage Life and Disability Insurance: + _____

TOTAL MONTHLY PAYMENT: \$ _____ due on the _____ of each Month

AUTO #1: Make _____ Model _____ Year _____

Vehicle ID # _____ License # _____ State _____

Dealership Name/Address _____

_____ Did you purchase an Extended Warranty? _____

If YES, Location of Warranty _____ Was the car purchased or leased? _____

If Purchased: Registered Owner(s) _____

_____ Date Purchased _____

Auto Loan is With _____ Loan # _____

Address _____ Phone _____

Purchase Price \$ _____ Amount Financed \$ _____ How Many Months? _____

Monthly Payment \$ _____ Annual Interest Rate _____%

Is this loan covered with Credit Life and/or Disability Insurance? _____

Title # _____ Location of Title _____

If Leased: Name(s) of Leasee(s) _____

Auto Lease is With _____ Lease # _____

Address _____ Phone _____

Date of Lease _____ Duration of Lease _____

Monthly Lease Payment \$ _____ Amount of Security Deposit \$ _____

Additional Mileage Costs = \$ _____ per mile over _____ miles per (year?) _____

AUTO #2: Make _____ Model _____ Year _____

Vehicle ID # _____ License # _____ State _____

Dealership Name/Address _____

_____ Did you purchase an Extended Warranty? _____

If YES, Location of Warranty _____ Was the car purchased or leased? _____

If Purchased: Registered Owner(s) _____

_____ Date Purchased _____

Auto Loan is With _____ Loan # _____

Address _____ Phone _____

Purchase Price \$ _____ Amount Financed \$ _____ How Many Months? _____

Monthly Payment \$ _____ Annual Interest Rate _____%

Is this loan covered with Credit Life and/or Disability Insurance? _____

Title # _____ Location of Title _____

If Leased: Name(s) of Leasee(s) _____

Auto Lease is With _____ Lease # _____

Address _____ Phone _____

Date of Lease _____ Duration of Lease _____

Monthly Lease Payment \$ _____ Amount of Security Deposit \$ _____

Additional Mileage Costs = \$ _____ per mile over _____ miles per (year?) _____

BOAT INFORMATION

Boat Make _____ Model _____ Year _____
State Hull ID # _____ State _____ Expires On _____
Type of Boat _____ Hull Material _____ Length _____
Type of Power (Outboard, Inboard, Jet, Etc.) _____ Horsepower _____
Make of Motor _____ Model/Serial # _____
Year _____ Type of Fuel _____
Trailer Make _____ Body Style _____ Weight _____ Year _____
Vehicle ID # _____ State License # _____ State _____
Was the boat purchased or leased? _____

IF PURCHASED: Registered Owner(s) _____
_____ Date Purchased _____
Purchased From _____
Address _____ Phone _____
Boat Loan is With _____ Loan # _____
Address _____ Phone _____
Purchase Price \$ _____ Amount Financed \$ _____ How Many Months? _____
Monthly Payment \$ _____ Annual Interest Rate _____ %
Does this loan also cover the trailer? _____
Is the motor yours or is it included in the loan? _____
Is this loan covered with Credit Life and/or Disability Insurance? _____
Title # _____ Location of Title _____

IF LEASED: Name(s) of Leasee(s) _____
Boat Lease is With _____ Lease # _____
Address _____ Phone _____
Date of Lease _____ Is the motor yours or is it included in lease? _____
Duration of Lease _____ Monthly Lease Payment \$ _____
Amount of Security Deposit \$ _____ Disposition Fee \$ _____

If the motor was purchased separately:

Registered Owner(s) _____
_____ Date Purchased _____
Purchased From _____
Address _____ Phone _____
Motor Loan is With _____ Loan # _____
Address _____ Phone _____
Purchase Price \$ _____ Amount Financed \$ _____ How Many Months? _____
Monthly Payment \$ _____ Annual Interest Rate _____ %
Is this loan covered with Credit Life and/or Disability Insurance? _____
Title # _____ Location of Title _____

Financial Institution		Account Number	Authorized Signers
Name			
Address			
Phone			
Location of Checkbook			
Name			
Address			
Phone			
Location of Checkbook			
Name			
Address			
Phone			
Location of Checkbook			
Name			
Address			
Phone			
Location of Checkbook			
Name			
Address			
Phone			
Location of Checkbook			

AUTOMATIC TELLER and DEBIT CARDS

Card Issuer		Card Number	Authorized Signers
Name			
Address			
Phone			
Location of Card		Personal Identification Number (PIN)	
Name			
Address			
Phone			
Location of Card		Personal Identification Number (PIN)	
Name			
Address			
Phone			
Location of Card		Personal Identification Number (PIN)	

Credit Card Issuer	Card Number	Authorized Signers
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	
Name		
Address		
Phone		
Location of Card		
	PIN*	

*PIN = Personal Identification Number.

OTHER LOANS WE OWE

Don't list on this page auto loans or home mortgages; you've already included that information on earlier pages.

Home Equity Loan or Line of Credit:

Loan Number _____ Home's Address _____

Lender's Name and Address _____

_____ Phone _____

Maximum Credit Limit = \$ _____ Outstanding Balance = \$ _____

Duration of Loan = _____ Months Most Recent Monthly Payment = \$ _____

Date Payments Due _____ Loan Expires On _____ Interest Rate _____%

Is this Interest Rate Variable? _____ If so, explain _____

Is this loan covered by Credit Life and/or Disability Insurance? _____

Home Equity Loan or Line of Credit:

Loan Number _____ Home's Address _____

Lender's Name and Address _____

_____ Phone _____

Maximum Credit Limit = \$ _____ Outstanding Balance = \$ _____

Duration of Loan = _____ Months Most Recent Monthly Payment = \$ _____

Date Payments Due _____ Loan Expires On _____ Interest Rate _____%

Is this Interest Rate Variable? _____ If so, explain _____

Is this loan covered by Credit Life and/or Disability Insurance? _____

Other Loan or Line of Credit:

Lender's Name and Address _____

_____ Phone _____

Loan Number _____ Collateral _____

Maximum Credit Limit = \$ _____ Outstanding Balance = \$ _____

Duration of Loan = _____ Months Most Recent Monthly Payment = \$ _____

Date Payments Due _____ Loan Expires On _____ Interest Rate _____%

Is this Interest Rate Variable? _____ If so, explain _____

Is this loan covered by Credit Life and/or Disability Insurance? _____