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# HOUSEHOLD FINANCES ORGANIZER

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SENIOR SOLUTIONS OF AMERICA, INC.

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# 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.)

	<b>HIS</b>	<b>HERS</b>
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 . . . . .	\$ _____	\$ _____
<b>TOTAL FAMILY INCOME . . . . .</b>	<b>\$ _____</b>	<b>\$ _____</b>

# MONTHLY EXPENSES - BUDGETED VS ACTUAL

	<b>Budgeted</b>	<b>Actual</b>
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 . . . . .	_____	_____
<b>TOTAL EXPENSES</b> . . . . .	<b>\$ _____</b>	<b>\$ _____</b>

(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? \_\_\_\_\_