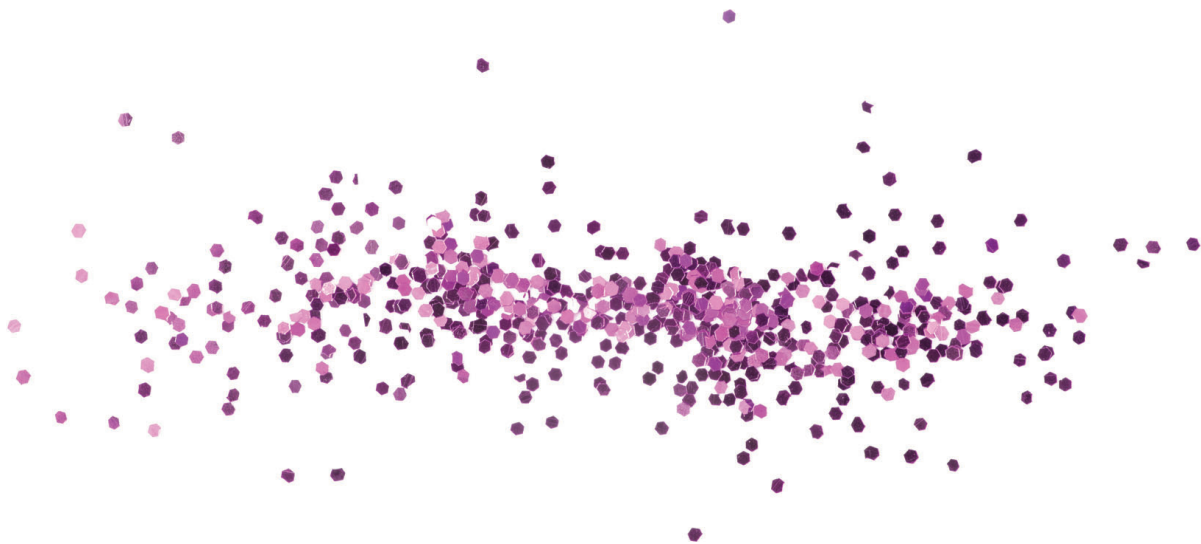




(FAMILY HOUSEHOLD BUSINESS NAME)

# *Financial Success Plan*



**Example of Values** (highlight or circle any values that stand out for you):

Abundance	Dedication	Kindness	Resourcefulness
Acceptance	Dependability	Knowledge	Responsibility
Accountability	Diversity	Leadership	Responsiveness
Achievement	Empathy	Learning	Risk Taking
Adventure	Encouragement	Love	Safety
Advocacy	Enthusiasm	Loyalty	Security
Ambition	Ethics	Making a Difference	Self-Control
Appreciation	Excellence	Mindfulness	Selflessness
Attractiveness	Expressiveness	Motivation	Service
Autonomy	Fairness	Optimism	Simplicity
Balance	Family	Open-Mindedness	Spirituality
Being the Best	Flexibility	Originality	Stability
Benevolence	Friendships	Passion	SuccessTeamwork
Boldness	Freedom	Performance	Thankfulness
Brilliance	Financial Freedom	Personal	Thoughtfulness
Calmness	Fun	Development	Traditionalism
Caring	Generosity	Peace	Trustworthiness
Challenge	Grace	Perfection	Understanding
Charity	Growth	Playfulness	Uniqueness
Cheerfulness	Happiness	Popularity	Usefulness
Cleverness	Health	Power	Versatility
Collaboration	Honesty	Preparedness	Vision
Community	Humility	Proactivity	Warmth
Commitment	Humor	Proactive	Wealth
Compassion	Inclusiveness	Professionalism	Well-Being
Consistency	Independence	Punctuality	Wisdom
Contribution	Individuality	Quality	Zeal
Cooperation	Innovation	Recognition	
Creativity	Inspiration	Relationships	
Credibility	Intelligence	Reliability	
Curiosity	Intuition	Resilience	
Daring	Joy		
Decisiveness			

(FAMILY HOUSEHOLD BUSINESS NAME)

## *Family Values*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_







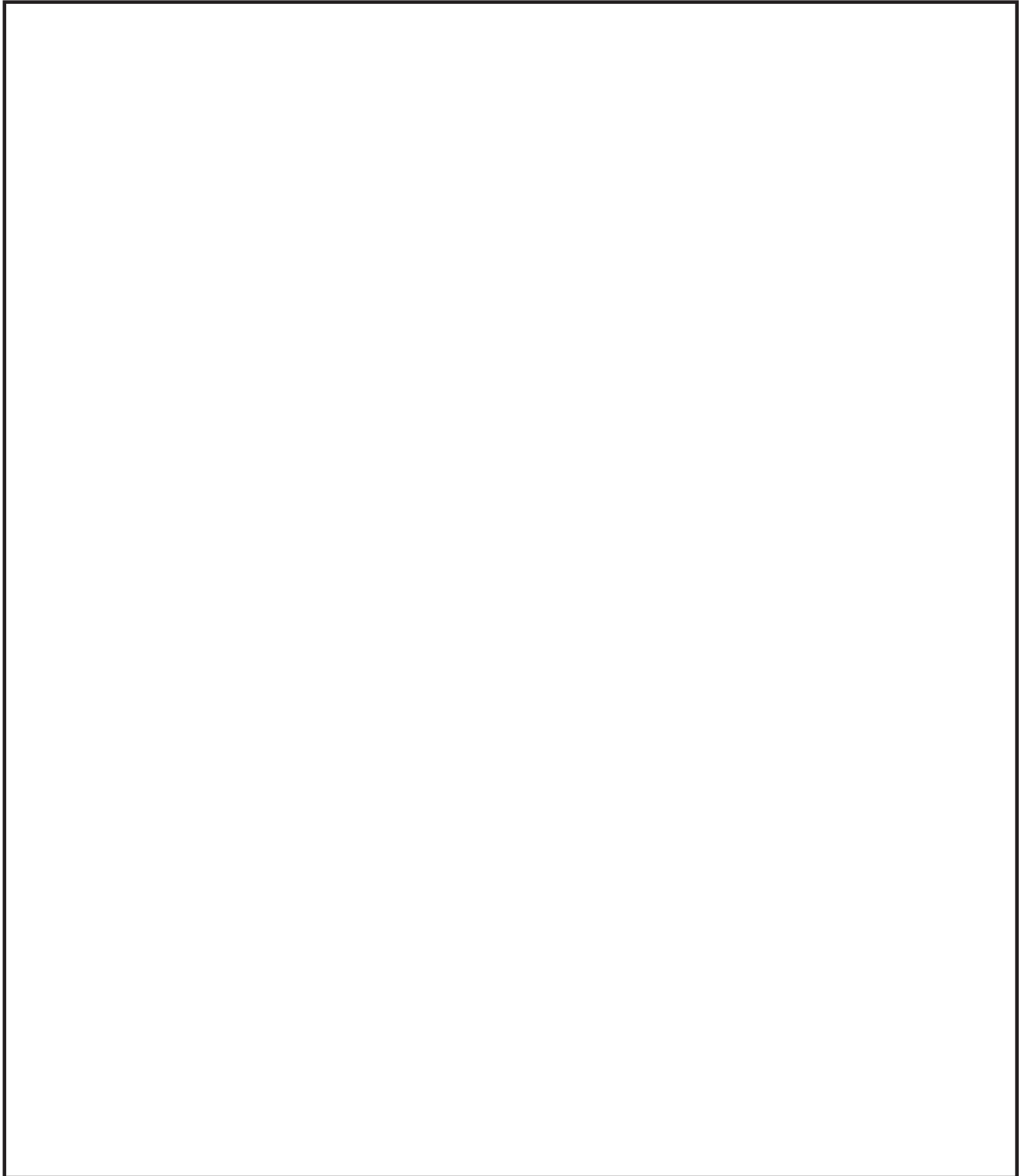






**Write Down or Draw Whatever Comes to Mind, Don't Limit Yourself!**

- What Does Living My Values Out Loud Look AND Feel Like?

A large, empty rectangular box with a black border, intended for the user to write or draw their response to the prompt above.

**Write Down or Draw Whatever Comes to Mind, Don't Limit Yourself!**

- What Does Living My Values Out Loud Look AND Feel Like?

A large, empty rectangular box with a black border, intended for the user to write or draw their response to the prompt above.

Blank white box for family household business name.

(FAMILY HOUSEHOLD BUSINESS NAME)

*Family Mission Statement*

Lined area for writing the family mission statement.



In the next 3-5 years I/We would like to accomplish the following:

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In the next 6-10 years I/We would like to accomplish the following:

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## SMART GOAL WORKSHEET

Today's Date: \_\_\_\_\_ Target Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Date Achieved: \_\_\_\_\_

Goal: \_\_\_\_\_

### VERIFY THAT YOUR 12MTH FOCUS GOAL IS SMART

**Specific:** What exactly will you accomplish?

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**Measurable:** How will you know when you have reached this goal?

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**Achievable:** Is achieving this goal realistic with effort and commitment? Have you got the resources to achieve this goal? If not, how will you get them?

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**Relevant:** Why is this goal significant to your life?

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**Timely:** When will you achieve this goal?

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**This goal is important because:**

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**The benefits of achieving this goal will be:**

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**Take Action!**

**Potential Obstacles**

**Potential Solutions**

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**Who are the people you will ask to help you?**

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**Specific Action Steps:** What steps need to be taken to get you to your goal?

**What?**

**Expected Completion**

**Date Completed**

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[Blank white box for business name]

(FAMILY HOUSEHOLD BUSINESS NAME)

# *New Goal-Crushing Habits*

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<b>The habits that I will need to change to crush my 12mth Focus Goal this year:</b>	<b>The healthier habits that I will need to adopt into my life to support me in crushing my 12mth Focus Goal this year:</b>

If your bad habits remain the same, what will your life look like this time next year?

How about in 5 years?

How painful would that be?

How would your life be better this time next year if you adopted all of your new goal-supporting habits?

How about in 5 years?

How good will you feel?

## BOSS UP YOUR BUDGET SUCCESS KIT

Write down what will most likely keep you from engaging in your new habit and what ways you can prevent that from being an issue.

Write down how you will get yourself back on track should a slip up occur.

Create your "If I Want.... So That" statement for each new habit that you would like to adopt. For example:

*"If I want to buy a home this year, I will make it a priority to practice my important habit of making my own meals 4 days out of the week so that I can save a minimum of \$200/mth for my closing costs and down payment."*



What did I find that helped me stick with my habit(s) the most?

What can I do even better?

What do I enjoy about being \_\_\_\_\_?

(Connect to the habit you selected for the month; i.e. more frugal with my money; more in control of my money? depositing money into my savings account each month).

“I appreciate my habit of

\_\_\_\_\_

\_\_\_\_\_ because

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.”

## **Set A Date with Your Budget**

“I will review my finances on \_\_\_\_\_ (day of the week) at \_\_\_\_\_ (specific time) every \_\_\_\_\_ (Other week? Every 10 days? Every month?).”

## **Create Your Household Accounting Department - Step 2**

Enter your Family Financial Email Address Here:

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(FAMILY HOUSEHOLD BUSINESS NAME)

# Family Net Worth Statement

## ASSETS (WHAT YOU OWN)

### Cash:

Cash On Hand	\$ _____	Annuities	\$ _____
Checking Account	\$ _____	IRAs	\$ _____
Savings Accounts	\$ _____	401(k), 403(b), 457 Plans	\$ _____
Money Market Funds	\$ _____	Pension Plan	\$ _____
Cash Value of Life Insurance	\$ _____	Other	\$ _____
Other	\$ _____		

### Value of Real Estate/Property:

Home	\$ _____
Land	\$ _____
Other	\$ _____

### Investments: (Market Value)

Certificates of Deposit	\$ _____
Stocks	\$ _____
Bonds	\$ _____
Mutual Funds	\$ _____

### Personal Property: (Present Value)

Automobiles	\$ _____
Recreational Vehicle/Boat	\$ _____
Home Furnishings	\$ _____
Appliances and Furniture	\$ _____
Collections	\$ _____
Jewelry and Furs	\$ _____
Other	\$ _____

## LIABILITIES (WHAT YOU OWE)

### Current Debts:

Household	_____
Medical	_____
Credit Cards	_____
Department Store Cards	_____
Back Taxes	_____
Legal	_____
Other	_____

### Loans:

Bank/Finance Company	_____
Bank/Finance Company	_____
Automobile	_____
Recreational Vehicle/Boat	_____
Education	_____
Life Insurance	_____
Personal (from family or friends)	_____
Other	_____

### Mortgages:

Home	_____
Land	_____
Other	_____

TOTAL ASSETS: \_\_\_\_\_ TOTAL LIABILITIES: \_\_\_\_\_

TOTAL ASSETS MINUS TOTAL LIABILITIES = NET WORTH \_\_\_\_\_

1 YEAR NET WORTH GOAL \_\_\_\_\_ 3 YEAR NET WORTH GOAL \_\_\_\_\_

At least twice a year, calculate your net worth to review your progress and compare it to your financial goal.

Add Your "Review & Recalculate Net Worth 6 months



(FAMILY HOUSEHOLD BUSINESS NAME)

## *Spending Overview*

Total Quarterly NET Income: \$ \_\_\_\_\_

Total Quarterly NET Income - Total Quarterly Expenses: \$ \_\_\_\_\_

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### OVERVIEW OF MONTHLY EXPENSES:

#### **Bills**

\$ \_\_\_\_\_

#### **Medical Expenses**

\$ \_\_\_\_\_

#### **Living Expenses**

\$ \_\_\_\_\_

#### **Quarterly/Semi-Annual/Annual Expenses**

\$ \_\_\_\_\_

#### **Fun Expenses**

\$ \_\_\_\_\_

#### **Other**

\$ \_\_\_\_\_

**Total (ADD EACH CATEGORY TOGETHER):**

\$ \_\_\_\_\_

# NOTES

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