

# Free Printable & Fillable Worksheets

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*A bonus for readers of*  
**The Paycheck  
Survival Plan**

SERENITY SOUL SPACE BLOG

# How to Use These Worksheets

These are the same 11 worksheets that are in the main guide, in a file made for printing and filling in. Keep this file with the guide. Each worksheet names the chapter it goes with, and the guide explains how to fill it in.

- Type in the boxes on a computer, tablet, or phone. If typing does not work in your viewer, open the file in a free PDF app such as Adobe Acrobat Reader.
- Print only the pages you need. Worksheets [4](#), [8](#), and [11](#) are wide, so they print on landscape pages. Print at actual size (100%) so the pages fit.
- Save a blank copy before you start. Worksheets [1](#) and [10](#) work well as monthly and weekly sheets, and a clean copy lets you fill in a fresh set.
- Pencil works well for a first pass, since your numbers will change. A blank line means you have not reached that step yet.

## Your 11 Worksheets

| #                  | Worksheet                                              | Goes with               | What it is for                        | Page               |
|--------------------|--------------------------------------------------------|-------------------------|---------------------------------------|--------------------|
| <a href="#">1</a>  | <a href="#">What Is Left</a>                           | Chapter 1               | Find your three numbers               | <a href="#">3</a>  |
| <a href="#">2</a>  | <a href="#">Paid-First Order</a>                       | Chapter 2               | Find your line                        | <a href="#">6</a>  |
| <a href="#">3</a>  | <a href="#">My Bad Month Plan</a>                      | Chapter 2               | Your plan for a tight month           | <a href="#">7</a>  |
| <a href="#">4</a>  | <a href="#">Bill Call and Script Log</a>               | Chapters 2, 3, 4, and 7 | Track your calls and messages         | <a href="#">8</a>  |
| <a href="#">5</a>  | <a href="#">Assistance Checklist</a>                   | Chapter 3               | See which programs fit                | <a href="#">10</a> |
| <a href="#">6</a>  | <a href="#">Breathing Room Finder</a>                  | Chapter 4               | Find small savings                    | <a href="#">12</a> |
| <a href="#">7</a>  | <a href="#">Buffer Starter Tracker</a>                 | Chapter 5               | Track your buffer                     | <a href="#">14</a> |
| <a href="#">8</a>  | <a href="#">Irregular Expense Calendar</a>             | Chapter 5               | Plan for repeating costs              | <a href="#">16</a> |
| <a href="#">9</a>  | <a href="#">Enjoyment List and Decline Script Card</a> | Chapter 6               | Plan enjoyment and ready your no      | <a href="#">19</a> |
| <a href="#">10</a> | <a href="#">Weekly 10-Minute Money Check-In</a>        | Chapter 7               | Your weekly check-in and 30 day plan  | <a href="#">20</a> |
| <a href="#">11</a> | <a href="#">My State and Local Resources</a>           | Chapter 3               | Keep your local contacts in one place | <a href="#">22</a> |

General information only. Not financial, legal, tax, or medical advice. Numbers in examples are made up. Program rules, income limits, and amounts change and differ by state, so confirm details with the agency before you act. Rules checked September 2026.

*If money stress ever feels like too much, you can call or text 988 any time, day or night, for free, confidential support. In an emergency, call 911.*

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# Worksheet 1: What Is Left

Goes with Chapter 1 of the guide | [Worksheets Index](#)

Date:  Household size:

## Number 1: Monthly take-home pay

| Source                               | Monthly amount       |
|--------------------------------------|----------------------|
| Job 1                                | <input type="text"/> |
| Job 2                                | <input type="text"/> |
| Child support                        | <input type="text"/> |
| Benefits                             | <input type="text"/> |
| Other money that arrives every month | <input type="text"/> |
| <b>Number 1: Total take-home pay</b> | <input type="text"/> |

If your pay changes each week, use the lowest of the last three months.

## Number 2: Monthly essentials

| Essential                                                             | Monthly amount       |
|-----------------------------------------------------------------------|----------------------|
| Rent or mortgage                                                      | <input type="text"/> |
| Utilities (electric, gas, water, trash)                               | <input type="text"/> |
| Groceries and household basics                                        | <input type="text"/> |
| Transportation (car payment, gas, insurance, bus pass, repairs)       | <input type="text"/> |
| Health costs (premiums, prescriptions, copays, medical payment plans) | <input type="text"/> |
| Phone and internet                                                    | <input type="text"/> |
| Minimum payments on debt                                              | <input type="text"/> |
| Childcare                                                             | <input type="text"/> |
| Children's costs (school, medical, clothing)                          | <input type="text"/> |
| Skipped needs, best guess: <input type="text"/>                       | <input type="text"/> |
| Yearly bills divided by 12 (use the box below)                        | <input type="text"/> |
| Other: <input type="text"/>                                           | <input type="text"/> |
| <b>Number 2: Total essentials</b>                                     | <input type="text"/> |

### Yearly bills box

| Yearly bill (registration, renewals, annual fees) | Cost per year |
|---------------------------------------------------|---------------|
|                                                   |               |
|                                                   |               |
|                                                   |               |
|                                                   |               |
| Total per year <input type="text"/> ÷ 12 =        |               |

### Number 3: What remains

Number 1  - Number 2  = What remains

### Which bucket am I in?

- ☐ \$50 or more left: Chapters 4 and 5
- ☐ Less than \$50 left, but above zero: Chapter 2
- ☐ Below zero: Chapter 3

My one small step today:

**One week of essentials** (Number 2 ÷ 4):  (used on Worksheets 3 and 7)

### Past Due: bills I am behind on

| Bill                 | Amount owed          | Due date             | Paid-first number (1 to 8) | Called?                  | Date                 |
|----------------------|----------------------|----------------------|----------------------------|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>       | <input type="checkbox"/> | <input type="text"/> |

Monthly update log (update after your Chapter 4 moves take effect)

| Month | Number 1 | Number 2 | What remains |
|-------|----------|----------|--------------|
|       |          |          |              |
|       |          |          |              |
|       |          |          |              |
|       |          |          |              |
|       |          |          |              |
|       |          |          |              |

## Worksheet 2: Paid-First Order

Goes with Chapter 2 of the guide | [Worksheets Index](#)

Money in my account now  + money I expect this month  = **Total**

**The order:** 1 Housing. 2 Utilities that keep your home safe. 3 Food and household basics. 4 Transportation to work (gas, car insurance, car loan). 5 Health (prescriptions, premiums). 6 Childcare. 7 Minimum debt payments. 8 Everything else (phone, internet, yearly bill savings, subscriptions).

List every bill due this month, including anything past due from Worksheet 1. Subtract each one in order.

| Order (1 to 8)       | Bill                 | Amount               | Due date             | Money left after paying | Can it bend?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | Call date            |
|----------------------|----------------------|----------------------|----------------------|-------------------------|-----------------------------------------------------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                 | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                 | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                 | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                 | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                 | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                 | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                 | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                 | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                 | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                 | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                 | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                 | <input type="text"/> |

Draw a line under the last bill you can pay in full. My line falls at:

Bills above the line get paid, and bills at or below it get a call. Log your calls on Worksheet 4.

# Worksheet 3: My Bad Month Plan

Goes with Chapter 2 of the guide | [Worksheets Index](#) | Take a photo of this page so it is on your phone.

## 1. My warning sign

My balance falls below \_\_\_\_\_ (one week of essentials, from Worksheet 1) while payday is more than 7 days away.

Or: a paycheck comes in \_\_\_\_\_ or more short.

2. My line this month (from Worksheet 2): \_\_\_\_\_

## 3. My calls

| Who I will contact   | What I will ask      | Date I will call     | Done                     |
|----------------------|----------------------|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> |

## 4. What I pause this month

☐ Nothing to pause (that is an honest answer, and Chapter 3 is for it)

## 5. My backup help

☐ 211 (called on \_\_\_\_\_ )

Food pantry: \_\_\_\_\_ Phone: \_\_\_\_\_

A person who offered help (optional): \_\_\_\_\_

Other: \_\_\_\_\_

## 6. My protected pleasure (free or low cost, and it stays in my life during tight weeks)

## Worksheet 4: Bill Call and Script Log

Goes with Chapters 2, 3, 4, and 7 of the guide | [Worksheets Index](#)

### Call and message log

| Date | Who I contacted<br>(company and phone<br>or portal) | Account or case<br>number | Person's name | Script used | What they agreed to | Confirmed in<br>writing? | Next step and date |
|------|-----------------------------------------------------|---------------------------|---------------|-------------|---------------------|--------------------------|--------------------|
|      |                                                     |                           |               |             |                     | <input type="checkbox"/> |                    |
|      |                                                     |                           |               |             |                     | <input type="checkbox"/> |                    |
|      |                                                     |                           |               |             |                     | <input type="checkbox"/> |                    |
|      |                                                     |                           |               |             |                     | <input type="checkbox"/> |                    |
|      |                                                     |                           |               |             |                     | <input type="checkbox"/> |                    |
|      |                                                     |                           |               |             |                     | <input type="checkbox"/> |                    |
|      |                                                     |                           |               |             |                     | <input type="checkbox"/> |                    |
|      |                                                     |                           |               |             |                     | <input type="checkbox"/> |                    |
|      |                                                     |                           |               |             |                     | <input type="checkbox"/> |                    |
|      |                                                     |                           |               |             |                     | <input type="checkbox"/> |                    |

Ask Checklist (Chapter 4)

| Ask                                        | Done                     | Result | New monthly amount |
|--------------------------------------------|--------------------------|--------|--------------------|
| Lease: renewal terms                       | <input type="checkbox"/> |        |                    |
| Car insurance: quote and discount review   | <input type="checkbox"/> |        |                    |
| Internet or phone: lower plan (Script 13)  | <input type="checkbox"/> |        |                    |
| Bank: what avoids the monthly fee          | <input type="checkbox"/> |        |                    |
| Due date: move one to the day after payday | <input type="checkbox"/> |        |                    |

# Worksheet 5: Assistance Checklist

Goes with Chapter 3 of the guide | [Worksheets Index](#)

## Step 1: My household's gross monthly income (pay before taxes)

Paycheck, top line  × paychecks per year  ÷ 12 =

Hourly: rate  × hours per week  × 52 ÷ 12 =

Other adults in my household who share money and meals:

**Household size**  **Total gross monthly income**

Use the amount from your lowest month.

## Step 2: The limits (2026 monthly amounts, 48 contiguous states and D.C.; Alaska and Hawaii are higher)

| Program (share of poverty level)               | 1 person | 2 people | 3 people | 4 people | Each extra person |
|------------------------------------------------|----------|----------|----------|----------|-------------------|
| SNAP, typical federal limit (130%)             | \$1,729  | \$2,345  | \$2,960  | \$3,575  | +\$616            |
| Medicaid for adults in expansion states (138%) | \$1,835  | \$2,489  | \$3,142  | \$3,795  | +\$653            |
| Energy help, typical limit (150%)              | \$1,995  | \$2,705  | \$3,415  | \$4,125  | +\$710            |
| Community health center discounts (200%)       | \$2,660  | \$3,607  | \$4,553  | \$5,500  | +\$947            |
| Lifeline (135%)                                | \$1,796  | \$2,435  | \$3,074  | \$3,713  | +\$639            |

Your state may set higher limits, especially for SNAP, energy help, and children's coverage. SNAP limits update each October, and hospitals set their own rules.

### Step 3: My checklist

| Program                                                | Limit for my household size | Am I at or under?                                           | Date applied         | Decision or next step |
|--------------------------------------------------------|-----------------------------|-------------------------------------------------------------|----------------------|-----------------------|
| SNAP                                                   | <input type="text"/>        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="text"/> | <input type="text"/>  |
| Medicaid for adults                                    | <input type="text"/>        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="text"/> | <input type="text"/>  |
| Children's coverage (Medicaid or CHIP: check my state) | <input type="text"/>        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="text"/> | <input type="text"/>  |
| Energy help (LIHEAP)                                   | <input type="text"/>        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="text"/> | <input type="text"/>  |
| Community health center                                | <input type="text"/>        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="text"/> | <input type="text"/>  |
| Lifeline                                               | <input type="text"/>        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="text"/> | <input type="text"/>  |
| School meals or WIC                                    | <input type="text"/>        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="text"/> | <input type="text"/>  |
| Hospital financial assistance (ask the billing office) | <input type="text"/>        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="text"/> | <input type="text"/>  |
| Emergency rent funds (ask 211)                         | <input type="text"/>        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="text"/> | <input type="text"/>  |

Try the benefit finder at [usa.gov/benefit-finder](https://www.usa.gov/benefit-finder), or your state's online benefits portal. If I am close to a line, I apply anyway.

## Worksheet 6: Breathing Room Finder

Goes with Chapter 4 of the guide | [Worksheets Index](#)

**Where found money goes** (choose before it arrives)

☐ A bill under my Chapter 2 line ☐ My buffer ☐ A small pleasure

My split:

### Bills I could lower with one call

| Bill                 | Monthly cost         | What I will ask      | Done                     | New monthly cost     |
|----------------------|----------------------|----------------------|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |

### Charges I forgot, never use, or never chose

| Charge               | Monthly cost         | Used in the last month?                                  | Would I sign up again at this price?                     | Cancel, pause, or keep |
|----------------------|----------------------|----------------------------------------------------------|----------------------------------------------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/>   |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/>   |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/>   |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/>   |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/>   |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="text"/>   |

### Charges caused by timing (late fees, overdraft fees, ATM fees)

| Charge               | Monthly cost         | Why it happens       | My fix               |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

My top three moves

1.
2.
3.

Kept on purpose (subscriptions and pleasures I am keeping)

Total monthly savings found  New remaining number  (update Worksheet 1)

# Worksheet 7: Buffer Starter Tracker

Goes with Chapter 5 of the guide | [Worksheets Index](#)

My remaining number (Worksheet 1):

My starting buffer each month (Chapter 5 table):

Per paycheck (monthly amount  $\times$  12  $\div$  paychecks per year):

## My targets

| Target                                        | Amount               | Saved so far         | Months to reach at my pace (amount $\div$ monthly buffer) | Date reached         |
|-----------------------------------------------|----------------------|----------------------|-----------------------------------------------------------|----------------------|
| 1. First \$100                                | \$100                | <input type="text"/> | <input type="text"/>                                      | <input type="text"/> |
| 2. One week of essentials (Number 2 $\div$ 4) | <input type="text"/> | <input type="text"/> | <input type="text"/>                                      | <input type="text"/> |
| 3. One month of essentials (Number 2)         | <input type="text"/> | <input type="text"/> | <input type="text"/>                                      | <input type="text"/> |

## My account

Account name:  Bank or credit union:  Transfer day:

How it gets there: ☐ Automatic transfer ☐ Split direct deposit ☐ Round-ups ☐ By hand ☐ Envelope

## Savings log

| Date                 | Amount added         | Source (paycheck, refund, extra) | Buffer balance       |
|----------------------|----------------------|----------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/> |

Moved to checking

| Date | Amount | Why | Warning sign reached?    | Refill plan |
|------|--------|-----|--------------------------|-------------|
|      |        |     | <input type="checkbox"/> |             |
|      |        |     | <input type="checkbox"/> |             |
|      |        |     | <input type="checkbox"/> |             |
|      |        |     | <input type="checkbox"/> |             |

I would use my buffer for:

I would not use it for:

## Worksheet 8: Irregular Expense Calendar

Goes with Chapter 5 of the guide | [Worksheets Index](#)

## My repeating costs

Skip any yearly bill you already counted in the yearly bills line of Number 2 (Chapter 1). Funding step: 1 yearly bills with late fees or lapses, 2 keeps me working or healthy, 5 seasonal costs, gifts, and extras.

| Expense | Month due | Yearly cost | Set aside each month<br>(yearly ÷ 12) | Set aside each paycheck<br>(yearly ÷ paychecks per year) | Funding step | Already in Number 2?     |
|---------|-----------|-------------|---------------------------------------|----------------------------------------------------------|--------------|--------------------------|
|         |           |             |                                       |                                                          |              | <input type="checkbox"/> |
|         |           |             |                                       |                                                          |              | <input type="checkbox"/> |
|         |           |             |                                       |                                                          |              | <input type="checkbox"/> |
|         |           |             |                                       |                                                          |              | <input type="checkbox"/> |
|         |           |             |                                       |                                                          |              | <input type="checkbox"/> |
|         |           |             |                                       |                                                          |              | <input type="checkbox"/> |
|         |           |             |                                       |                                                          |              | <input type="checkbox"/> |
|         |           |             |                                       |                                                          |              | <input type="checkbox"/> |
|         |           |             |                                       |                                                          |              | <input type="checkbox"/> |
|         |           |             |                                       |                                                          |              | <input type="checkbox"/> |
| Totals  |           |             |                                       |                                                          |              |                          |

My year

| Month     | Costs due | Saved toward them so far | Gap (due minus saved) | Heavy month?             | My plan (target, call, or fee waiver) |
|-----------|-----------|--------------------------|-----------------------|--------------------------|---------------------------------------|
| January   |           |                          |                       | <input type="checkbox"/> |                                       |
| February  |           |                          |                       | <input type="checkbox"/> |                                       |
| March     |           |                          |                       | <input type="checkbox"/> |                                       |
| April     |           |                          |                       | <input type="checkbox"/> |                                       |
| May       |           |                          |                       | <input type="checkbox"/> |                                       |
| June      |           |                          |                       | <input type="checkbox"/> |                                       |
| July      |           |                          |                       | <input type="checkbox"/> |                                       |
| August    |           |                          |                       | <input type="checkbox"/> |                                       |
| September |           |                          |                       | <input type="checkbox"/> |                                       |
| October   |           |                          |                       | <input type="checkbox"/> |                                       |
| November  |           |                          |                       | <input type="checkbox"/> |                                       |
| December  |           |                          |                       | <input type="checkbox"/> |                                       |

A heavy month has a gap above zero. Start planning two months early.

Calendar line log

| Date | Amount added | Amount used | Balance |
|------|--------------|-------------|---------|
|      |              |             |         |
|      |              |             |         |
|      |              |             |         |
|      |              |             |         |
|      |              |             |         |
|      |              |             |         |

# Worksheet 9: Enjoyment List and Decline Script Card

Goes with Chapter 6 of the guide | [Worksheets Index](#)

## My five recent good moments

1.
2.
3.
4.
5.

What they have in common:

## My lists (about three for each)

| Free                 | Low cost             | A little more        | Low energy (10 minutes, no planning) |
|----------------------|----------------------|----------------------|--------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                 |

## Copied from earlier chapters

My protected pleasure (Chapter 2):

Kept on purpose (Chapter 4):

## My fun amount

10% of what remains  rounded to the nearest \$5 =  (minimum \$5 when at least \$50 remains)

Where I keep it: ☐ Envelope ☐ Spending account ☐ Other:

**One free thing this week:**  on  (date)

## Decline Script Card (cut out or photograph)

Invitation test: 1. Do I want to be there? 2. Does it fit my fun amount? 3. If not, can I suggest a version that costs less?

My go-to line 1:

My go-to line 2:

Scripts to copy from: 14 declining, 15 cheaper plan, 16 group meal, 17 gifts, 18 work, 19 someone offers to pay

# Worksheet 10: Weekly 10-Minute Money Check-In

Goes with Chapter 7 of the guide | [Worksheets Index](#)

**My Rules Card** (write \$0 or leave blank if you have not reached that chapter)

| Decision                              | My rule                                                                        |
|---------------------------------------|--------------------------------------------------------------------------------|
| Which bill comes first?               | My paid-first order (Worksheet 2)                                              |
| When is a month going wrong?          | My warning sign: _____                                                         |
| What counts as an emergency?          | It was unexpected, I need it, and it cannot wait until payday                  |
| How much goes aside each month?       | Calendar _____ and buffer _____, in the Funding Order, moved on _____ (payday) |
| How much is fun, and how do I say no? | Fun amount _____ and my two lines: _____                                       |

Pause-before-buying amount: \_\_\_\_\_ (wait 24 hours)

My check-in day and time: \_\_\_\_\_

My monthly review date: \_\_\_\_\_

Start date for Week 1 of my 30 day plan: \_\_\_\_\_

## Weekly tracker

Steps: 1 Balance against my warning sign. 2 Bills due in the next 7 days and next payday. 3 Money moved (buffer, calendar, fun). 4 One small action. 5 One good thing.

| Week of | 1                        | 2                        | 3                        | 4 One action | 5 One good thing |
|---------|--------------------------|--------------------------|--------------------------|--------------|------------------|
| _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____            |
| _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____            |
| _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____            |
| _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____            |
| _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____            |
| _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____            |
| _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____            |
| _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____            |
| _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____            |
| _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____            |
| _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____            |
| _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____        | _____            |

### Monthly review (about 30 minutes on the first payday)

| Month                | Updated Worksheet        | Checked heavy months     | Adjusted my amounts      | One thing that went right |
|----------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>      |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>      |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>      |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>      |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>      |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>      |

☐ January: I rechecked the programs I use (Chapter 3).

### My 30 day plan

My track for weeks 2 and 3: ☐ \$50 or more remains ☐ Less than \$50 remains, or below zero

| Week | Main job                                                  | Done                     | Date                 |
|------|-----------------------------------------------------------|--------------------------|----------------------|
| 1    | Find my numbers and make my Bad Month Plan                | <input type="checkbox"/> | <input type="text"/> |
| 2    | <input type="text"/>                                      | <input type="checkbox"/> | <input type="text"/> |
| 3    | <input type="text"/>                                      | <input type="checkbox"/> | <input type="text"/> |
| 4    | Plan enjoyment, fill in my Rules Card, start my check-ins | <input type="checkbox"/> | <input type="text"/> |

# Worksheet 11: My State and Local Resources

Goes with Chapter 3 of the guide | [Worksheets Index](#)

My state:  Expansion state for Medicaid? ☐ Yes ☐ No ☐ Not sure

☐ I called 211 on

## Programs and agencies

| Program or agency    | Phone or website     | What it helps with   | Documents to bring   | Date applied         | Deadline             | Status               |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## My state's sites and offices

SNAP application site:

Medicaid site:

LIHEAP office and application dates:

Public utility commission:

Tenant help (attorney general or legal aid):

Local food pantry:

Community action agency:

Community health center:

Free legal aid (LawHelp.org):

State insurance department: