



The Crown Biblical Financial Study

PRACTICAL
APPLICATION
FORMS

Please note that you can conveniently type text and numbers into these documents and save your work. However, these documents will not automatically calculate your financial data. To automatically calculate your financial data, please use the provided Excel spreadsheet versions on the Life Groups page at crown.org.

PERSONAL FINANCIAL STATEMENT

Date ____ \ ____ \ ____

Assets (Present market value)

Cash on hand/Checking account	\$ _____
Savings	\$ _____
Stocks and bonds	\$ _____
Cash value of life insurance	\$ _____
Coins	\$ _____
Home	\$ _____
Other real estate	\$ _____
Mortgages/Notes receivable	\$ _____
Business valuation	\$ _____
Automobiles	\$ _____
Furniture	\$ _____
Jewelry	\$ _____
Other personal property	\$ _____
Pension/Retirement	\$ _____
Other assets	\$ _____

Total Assets

\$

Liabilities (Current amount owed)

Credit card debt	\$ _____
Automobile loans	\$ _____
Home mortgages	\$ _____
Personal debt to relatives	\$ _____
Business loans	\$ _____
Educational loans	\$ _____
Medical/Other past due bills	\$ _____
Life insurance loans	\$ _____
Bank loans	\$ _____
Other debts and loans	\$ _____

Total Liabilities

\$

Net Worth (Total assets minus total liabilities)

\$

QUIT CLAIM DEED

This Quit Claim Deed, Made the _____ day of _____

From: _____

To: The Lord

I (we) hereby transfer to the Lord the ownership of the following possessions:

Witnesses who hold me (us) accountable
in the recognition of the Lord's ownership:

Stewards of the possessions above:

This instrument is not a binding legal document and cannot be used to transfer property.

An electronic copy is available on the Life Groups page at crown.org

VARIABLE EXPENSES

Date ____ \ ____ \ ____

SAMPLE

SPENDING CATEGORY	ESTIMATED YEARLY COST	ESTIMATED COST PER MONTH
1 Vacation	\$ 720.00	÷ 12 = \$ 60.00
2 Dentist	\$ 120.00	÷ 12 = \$ 10.00
3 Doctor	\$ 240.00	÷ 12 = \$ 20.00
4 Automobile	\$ _____	÷ 12 = \$ _____
5 Life Insurance	\$ _____	÷ 12 = \$ _____
6 Health Insurance	\$ _____	÷ 12 = \$ _____
7 Auto Insurance	\$ 600.00	÷ 12 = \$ 50.00
8 Home Insurance	\$ _____	÷ 12 = \$ _____
9 Clothing	\$ 1,128.00	÷ 12 = \$ 94.00
10 Investments	\$ _____	÷ 12 = \$ _____
11 _____	\$ _____	÷ 12 = \$ _____
12 _____	\$ _____	÷ 12 = \$ _____

SPENDING CATEGORY	ESTIMATED YEARLY COST	ESTIMATED COST PER MONTH
1 Vacation	\$ _____	÷ 12 = \$ _____
2 Dentist	\$ _____	÷ 12 = \$ _____
3 Doctor	\$ _____	÷ 12 = \$ _____
4 Automobile	\$ _____	÷ 12 = \$ _____
5 Life Insurance	\$ _____	÷ 12 = \$ _____
6 Health Insurance	\$ _____	÷ 12 = \$ _____
7 Auto Insurance	\$ _____	÷ 12 = \$ _____
8 Home Insurance	\$ _____	÷ 12 = \$ _____
9 Clothing	\$ _____	÷ 12 = \$ _____
10 Investments	\$ _____	÷ 12 = \$ _____
11 _____	\$ _____	÷ 12 = \$ _____
12 _____	\$ _____	÷ 12 = \$ _____

ESTIMATED SPENDING PLAN

Date ____ \ ____ \ ____

MONTHLY INCOME

Gross Monthly Income \$

Salary \$ _____
Interest \$ _____
Dividends \$ _____
Other Income \$ _____

Less

1. Tithe/Giving \$ _____
2. Taxes (Federal / State / Fica) \$ _____

Net Spendable Income \$

MONTHLY LIVING EXPENSES

3. Housing \$

Mortgage/Rent \$ _____
Insurance \$ _____
Property taxes \$ _____
Cable TV \$ _____
Electricity \$ _____
Gas \$ _____
Water \$ _____
Sanitation \$ _____
Telephone \$ _____
Maintenance \$ _____
Internet service \$ _____
Other \$ _____

4. Food \$

5. Transportation \$

Payments \$ _____
Gas & Oil \$ _____
Insurance \$ _____
License/Taxes \$ _____
Maintenance \$ _____
Replacement \$ _____
Other \$ _____

6. Insurance \$

Insurance \$ _____
Life \$ _____
Health/Dental \$ _____
Disability \$ _____
Other \$ _____

7. Debts (not including house or auto) \$

8. Entertainment/ Recreation \$

Eating out \$ _____
Babysitters \$ _____
Activities/Trips \$ _____
Vacation \$ _____
Pets \$ _____
Other \$ _____

9. Clothing \$

10. Savings \$

11. Medical / Dental \$

Doctor \$ _____
Dentist \$ _____
Prescriptions \$ _____
Other \$ _____

12. Miscellaneous \$

Toiletries/Cosmetics \$ _____
Beauty/Barber \$ _____
Laundry/Cleaners \$ _____
Allowances \$ _____
Subscriptions \$ _____
Gifts \$ _____
Other \$ _____

13. Investments \$

14. School / Childcare \$

Tuition \$ _____
Materials \$ _____
Transportation \$ _____
Childcare \$ _____

TOTAL LIVING EXPENSES \$

HOW THE MONTH TURNS OUT

NET SPENDABLE INCOME \$

- TOTAL LIVING EXPENSES \$

= SURPLUS OR DEFICIT \$

SPENDING PLAN ANALYSIS

Date ____ \ ____ \ ____

GROSS INCOME PER YEAR \$

GROSS INCOME PER MONTH \$

GUIDELINE NET SPENDABLE INCOME PER MONTH \$

MONTHLY PAYMENT CATEGORY	EXISTING SPENDING PLAN	MONTHLY GUIDELINE PLAN	DIFFERENCE + OR -	NEW MONTHLY PLAN
1 Tithe	\$ _____	\$ _____	\$ _____	\$ _____
2 Tax	\$ _____	\$ _____	\$ _____	\$ _____
Net Spendable Income (per month)	\$ _____	\$ _____	\$ _____	\$ _____
3 Housing	\$ _____	\$ _____	\$ _____	\$ _____
4 Food	\$ _____	\$ _____	\$ _____	\$ _____
5 Transportation	\$ _____	\$ _____	\$ _____	\$ _____
6 Insurance	\$ _____	\$ _____	\$ _____	\$ _____
7 Debts	\$ _____	\$ _____	\$ _____	\$ _____
8 Entertainment / Recreation	\$ _____	\$ _____	\$ _____	\$ _____
9 Clothing	\$ _____	\$ _____	\$ _____	\$ _____
10 Savings	\$ _____	\$ _____	\$ _____	\$ _____
11 Medical/Dental	\$ _____	\$ _____	\$ _____	\$ _____
12 Miscellaneous	\$ _____	\$ _____	\$ _____	\$ _____
13 Investments	\$ _____	\$ _____	\$ _____	\$ _____
14 School/Childcare	\$ _____	\$ _____	\$ _____	\$ _____
Totals (Items 3-14)	\$ _____	\$ _____		\$ _____

REMINDER: The guideline percentages are not absolutes! Actual percentages vary, because different factors will influence what you spend, such as the cost of housing in your area, whether you are married, and the number of children you might have.

PERCENTAGE SPENDING PLAN

Date ____ \ ____ \ _____

GROSS INCOME \$

1 Tithe/Giving \$

2 Taxes \$

NET SPENDABLE INCOME \$

SPENDING CATEGORY	PERCENTAGE	NSI*	AMOUNT
3 Housing	\$ _____	\$ _____	\$ _____
4 Food	\$ _____	\$ _____	\$ _____
5 Transportation	\$ _____	\$ _____	\$ _____
6 Insurance	\$ _____	\$ _____	\$ _____
7 Debts	\$ _____	\$ _____	\$ _____
8 Entertainment / Recreation	\$ _____	\$ _____	\$ _____
9 Clothing	\$ _____	\$ _____	\$ _____
10 Savings	\$ _____	\$ _____	\$ _____
11 Medical/Dental	\$ _____	\$ _____	\$ _____
12 Miscellaneous	\$ _____	\$ _____	\$ _____
13 Investments	\$ _____	\$ _____	\$ _____
14 School/Childcare ¹	\$ _____	\$ _____	\$ _____
Total (cannot exceed Net Spendable Income)			\$ _____

*Net Spendable Income

¹ If you have this expense, this percentage must be deducted from other spending plan categories.

MONTHLY SPENDING PLAN - A

Month _____

Year _____

CATEGORY	Income	Tithe/Giving	Taxes	Housing	Food	Transporation	Insurance
Allocated Amount	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
DATE							
1st							
2nd							
3rd							
4th							
5th							
6th							
7th							
8th							
9th							
10th							
11th							
12th							
13th							
14th							
15th							
This Month Subtotal	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
16th							
17th							
18th							
19th							
20th							
21st							
22nd							
23rd							
24th							
25th							
26th							
27th							
28th							
29th							
30th							
31st							
This Month Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
This Month Surplus/Deficit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Year to Date Spending Plan	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Year to Date Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Year to Date Surplus/Deficit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Plan Summary	This Month	Total Income	\$ _____	+	Previous Month/Year to Date	Total Income	\$ _____	=	Year to Date	Total Income	\$ _____
	Minus Total Expenses	\$ _____	Minus Total Expenses		\$ _____	Minus Total Expenses	\$ _____				
	Equals Surplus/Deficit	\$ _____	Equals Surplus/Deficit		\$ _____	Equals Surplus/Deficit	\$ _____				

LIFE INSURANCE WORKSHEET

Date ____ \ ____ \ ____

GROSS MONTHLY INCOME

SAMPLE

Present annual income needs: \$ 53,280

Subtract deceased person's needs: \$ 9,000

Subtract other income available:
(Social Security, investments, retirement) \$ 10,000

= **Net annual income needed:** \$ 34,000

Net annual income needed, multiplied by 12.5 (assumes an 8% after-tax investment return on insurance proceeds): \$ 428,500

LUMP SUM NEEDS

Debts: \$ 8,000

Education: \$ 20,000

Other: \$ 0

Total lump sum needs: \$ 28,000

TOTAL LIFE INSURANCE NEEDS: \$ 456,500

GROSS MONTHLY INCOME

Present annual income needs: \$ _____

Subtract deceased person's needs: \$ _____

Subtract other income available:
(Social Security, investments, retirement) \$ _____

= **Net annual income needed:** \$ _____

Net annual income needed, multiplied by 12.5 (assumes an 8% after-tax investment return on insurance proceeds): \$ _____

LUMP SUM NEEDS

Debts: \$ _____

Education: \$ _____

Other: \$ _____

Total lump sum needs: \$ _____

TOTAL LIFE INSURANCE NEEDS: \$ _____

Once you have quantified your approximate life insurance needs, deduct the amount of your present life insurance coverage to determine whether you need additional life insurance. Then analyze your spending plan to determine how much new insurance you can afford. Seek counsel to decide the precise amount and type of insurance that would meet your needs and spending plan.

ORGANIZING YOUR ESTATE - A

Date ____ \ ____ \ ____

WILL AND/OR TRUST

The Will (Trust) is located: _____

The person designated to carry out its provisions is: _____

If that person cannot or will not serve, the alternate is: _____

Attorney: _____ Phone: _____

Accountant: _____ Phone: _____

INCOME BENEFITS

1. Company Benefits

My/our heirs will begin receiving company benefits as follows: _____

Contact: _____ Phone: _____

2. Social Security Benefits

To receive Social Security benefits, go in person to the Social Security office located in:

This should be done promptly because a delay may void some of the benefits. When you go, take the following:
(1) my Social Security card; (2) my death certificate; (3) your birth certificate; (4) our marriage certificate; (5) birth certificates for each child.

3. Veterans' Benefits

Are you eligible for veterans' benefits? Yes No

To receive these benefits, you should do the following: _____

4. Life Insurance Coverage

Insurance company: _____ Policy #: _____

Face value

Person insured

Beneficiary

Insurance company: _____ Policy #: _____

Face value

Person insured

Beneficiary

Insurance company: _____ Policy #: _____

Face value

Person insured

Beneficiary

ORGANIZING YOUR ESTATE - B

Date ____ \ ____ \ ____

FAMILY INFORMATION

Family member's name: _____ SSN: _____

Address: _____

MILITARY SERVICE HISTORY

Branch of service: _____ Service number: _____

Length of service: _____ From: _____ Until: _____

Rank: _____

Location and description of military documents: _____

FUNERAL INSTRUCTIONS

Funeral Home: _____ Phone: _____

Address: _____

You request burial in the following manner: _____

You request that memorial gifts be given to the following church/organization:

Address: _____

Address: _____

MY LIFE GOALS - A

Date ____ \ ____ \ ____

GIVING GOALS

Would like to give _____ percent of my income.

Would like to increase my giving by _____ percent each year.

Other giving goals: _____

DEBT REPAYMENT GOALS

Would like to pay off the following debts first:

_____	_____
Creditor	Amount
_____	_____
Creditor	Amount
_____	_____
Creditor	Amount

EDUCATIONAL GOALS

Would like to fund the following education:

Person	School	Annual cost	Total cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other educational goals: _____

LIFESTYLE GOALS

Would like to make these major purchases: (home, automobile, travel, appliances)

Item	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Would like to achieve the following annual income: _____

MY LIFE GOALS - C

Date ____ \ ____ \ _____

VOLUNTEER/MINISTRY GOALS

FINANCIAL GOALS FOR THIS YEAR

I believe the Lord wants me/us to achieve the following goals this year.

	Financial Goals	God's Part	My/Our Part
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____