



# Cash Flow Worksheet

For:

Date:

**Information:**

First Name

Last Name

Date of Birth

Telephone #

Email

**Client**

**Spouse/Partner**



**Income:**

Client

**Client**

**Spouse/Partner**

Take Home Pay

\$ -

\$ -

Number of pays per year

\$ -

\$ -

Rental Income

\$ -

\$ -

Child Benefits

\$ -

\$ -

Other Income

\$ -

\$ -

\$ -

\$ -

**Debts:**

Line of Credit

\$ -

Credit Card

\$ -

Vehicle Loan

\$ -

Consolidation Loan

\$ -

**Interest Rate**


**Mortgage:**

Mortgage:

\$ -

Maturity Date

\$ -

Interest Rate

\$ -

Payment

\$ -

**Expenses:**

**Housing**

Mortgage	\$	-
Cellphone	\$	-
Condo Fees	\$	-
Heat	\$	-
Housing Insurance	\$	-
Maintenance	\$	-
Phone/Internet/Cable	\$	-
Power/Hydro	\$	-
Property Tax	\$	-
Other	\$	-

**Financial Obligations**

Debt Payments	\$	-
Alimony/Child Support	\$	-
Child Care	\$	-
Disability Insurance	\$	-
Health Insurance	\$	-
Interest/Fees (overdraft)	\$	-
Life Insurance	\$	-
RRSP	\$	-
TFSA	\$	-
Other	\$	-

**Transportation**

Gas	\$	-
Maintenacnce/Repairs	\$	-
Parking	\$	-
Public Transportaton/Taxi	\$	-
Tolls	\$	-
Vehicle Insurance	\$	-
Vehicle Lease	\$	-
Other	\$	-

**Daily Living**

Cleaning	\$	-
Clothing	\$	-
Entertainment/Eating Out	\$	-
Fitness	\$	-
Gifts	\$	-
Groceries	\$	-
Hobbies	\$	-
Pets	\$	-
Travel	\$	-
Other	\$	-

**Assets:**

Name	Purpose	Purchase Price	Current Value
1/		\$ -	\$ -
2/		\$ -	\$ -
3/		\$ -	\$ -
4/		\$ -	\$ -
5/		\$ -	\$ -

Do you have a Will and Power of Attorney for Property and Health?  
When was it created?

Yes

No

Why are you interested in a cash flow plan?

What is most important to you about your money?

What isn't working for you right now when it comes to your money?

We offer a complimentary review of this document.  
To arrange a time please call our office at 519 667 0555.

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