

Name \_\_\_\_\_ Period \_\_\_\_\_ Date \_\_\_\_\_



## It's Your Life: Get on Board Project

Becoming an independent adult requires the individual to understand the costs associated with living. You will be completing this packet using the website listed below to determine the annual income you will need to support your lifestyle. Please complete the packet as you answer the questions on the website. Note: This website does NOT save your information.

Use the website: <http://www.texasrealitycheck.com/Default.aspx>

Once there, click on the play button in the "1 Reality Check" section and complete this packet as you navigate through the website.

### A. Housing and Furnishings

Where do you want to live (city, town, state)?

\_\_\_\_\_

Type of Housing (apartment, house, etcetera):

\_\_\_\_\_

Monthly Housing Payment:

\_\_\_\_\_

**Total Housing Costs:** \_\_\_\_\_

### B. Utilities

Mobile phone \_\_\_\_\_

Internet \_\_\_\_\_

Cable \_\_\_\_\_

Electricity \_\_\_\_\_

Water/Gas \_\_\_\_\_

Phone \_\_\_\_\_

**Total Utilities Cost:** \_\_\_\_\_

### C. Transportation

How would you like to travel to and from work (walk, bike, bus, or car)?

\_\_\_\_\_

If you want to own your own car:

Type of automobile you choose: \_\_\_\_\_

Auto Cost:

Includes monthly car payment, insurance, gasoline, and maintenance \_\_\_\_\_

If you prefer public transportation:

Public Transportation Cost: \_\_\_\_\_

**Total Transportation Cost:** \_\_\_\_\_

Name \_\_\_\_\_ Period \_\_\_\_\_ Date \_\_\_\_\_

**D. Clothing**

What type of clothing budget do you want?

\_\_\_\_\_

Clothing Cost:

\_\_\_\_\_

Shoes:

\_\_\_\_\_

**Total Clothing Cost:** \_\_\_\_\_

**E. Health Care**

What type of Health Care plan would you choose?

\_\_\_\_\_

Insurance Cost:

\_\_\_\_\_

Dental Cost:

\_\_\_\_\_

Doctor's Visits:

\_\_\_\_\_

**Total Health Care Costs:** \_\_\_\_\_

**F. Food and Other Personal Care Items**

Personal items like soap, shampoo, deodorant, etc., as well as cleaning supplies, toilet paper, and paper towels.

Monthly Food Cost:

\_\_\_\_\_

Monthly Personal Care Cost:

\_\_\_\_\_

**Total Food and Other Personal Care Items Cost:** \_\_\_\_\_

**G. Recreation and Entertainment**

You need recreation and entertainment to make life fun. Things to consider when calculating your monthly budget are: dining out, entertaining friends, movies, concerts, sporting events, books, newspapers, magazines, music, videos, and hobbies.

**Total Monthly Recreation and Entertainment Cost:** \_\_\_\_\_

**H. Extras - Additional Expenditures**

List the "extras" you plan on including in your monthly budget and their cost below.

**Total Additional Expenditures Cost:** \_\_\_\_\_

**I. Miscellaneous Items**

List miscellaneous expenses below.

**Total Miscellaneous Cost:** \_\_\_\_\_

Name \_\_\_\_\_ Period \_\_\_\_\_ Date \_\_\_\_\_

**J. Savings**

**Savings Plan:** \_\_\_\_\_

**K. Student Loan Debt**

What type of degree do you plan to attain? \_\_\_\_\_

What is the annual cost for that education? \_\_\_\_\_

**Monthly Loan Payment:** \_\_\_\_\_

**Final Totals**

**Add your A – K Totals.**

What are your total monthly expenses? \_\_\_\_\_

What are your total annual expenses? (multiply by monthly expenses by 12) \_\_\_\_\_

What does the website says your annual income needs to be? \_\_\_\_\_

**Independent Activity**

When you have completed this packet, take some time to navigate through the rest of the website clicking on the other two sections titled “2 Future Salary” and “3 Occupation Direct”.

In the space provided, list 3 careers (include salaries) that you find interesting:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Next, click on one of the careers and list some of the skills necessary for this career.

Career selected \_\_\_\_\_

Necessary Skills:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_