



HOUSEHOLD  
MANAGEMENT

*Planner*

# PASSWORD TRACKER









































# CONTACT LIST



NAME	<input type="text"/>	COMPANY	<input type="text"/>
EMAIL	<input type="text"/>	PHONE	<input type="text"/>
ADDRESS	<input type="text"/>		
NOTES	<input type="text"/>		

NAME	<input type="text"/>	COMPANY	<input type="text"/>
EMAIL	<input type="text"/>	PHONE	<input type="text"/>
ADDRESS	<input type="text"/>		
NOTES	<input type="text"/>		

NAME	<input type="text"/>	COMPANY	<input type="text"/>
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ADDRESS	<input type="text"/>		
NOTES	<input type="text"/>		

NAME	<input type="text"/>	COMPANY	<input type="text"/>
EMAIL	<input type="text"/>	PHONE	<input type="text"/>
ADDRESS	<input type="text"/>		
NOTES	<input type="text"/>		



# BANK ACCOUNTS



Account name	Bank
<input type="text"/>	<input type="text"/>
Account no _____	Type of account _____
Card no _____	Username _____
Credit limit _____ PIN _____	Password _____
Card type <input type="checkbox"/> Credit card <input type="checkbox"/> Debit card	Website _____

Account name	Bank
<input type="text"/>	<input type="text"/>
Account no _____	Type of account _____
Card no _____	Username _____
Credit limit _____ PIN _____	Password _____
Card type <input type="checkbox"/> Credit card <input type="checkbox"/> Debit card	Website _____

Account name	Bank
<input type="text"/>	<input type="text"/>
Account no _____	Type of account _____
Card no _____	Username _____
Credit limit _____ PIN _____	Password _____
Card type <input type="checkbox"/> Credit card <input type="checkbox"/> Debit card	Website _____

Account name	Bank
<input type="text"/>	<input type="text"/>
Account no _____	Type of account _____
Card no _____	Username _____
Credit limit _____ PIN _____	Password _____
Card type <input type="checkbox"/> Credit card <input type="checkbox"/> Debit card	Website _____



# ACCOUNT TRACKER

## ACCOUNT DETAILS

DATE	
BANK	ACCOUNT NO.
STARTING BALANCE	DESCRIPTION
BALANCE	
DEPOSIT	WITHDRAWAL

## ACCOUNT DETAILS

DATE	
BANK	ACCOUNT NO.
STARTING BALANCE	DESCRIPTION
BALANCE	
DEPOSIT	WITHDRAWAL

## ACCOUNT DETAILS

DATE	
BANK	ACCOUNT NO.
STARTING BALANCE	DESCRIPTION
BALANCE	
DEPOSIT	WITHDRAWAL









# SAVINGS TRACKER





# MONTHLY BUDGET

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

SOURCH OF INCOME	AMOUNT
01	
02	
03	
<b>TOTAL</b>	

PERSONAL	BUDGET	SPENT
ENTERTAINMENT		
CLOTHING		
COSMETIKS		
LIFE INSURANCE		
OTHER		
<b>TOTAL</b>		

UTILITIES	BUDGET	SPENT
ELECTRIC		
GAS		
TRASH		
INTERNET		
PHONE		
<b>TOTAL</b>		

HOME	BUDGET	SPENT
RENT MORTGAGE		
TAXES		
INSURANCE		
REPAIRS		
<b>TOTAL</b>		

TRANSPORTATION	BUDGET	SPENT
CAR PAYMENT		
CAR INSURANCE		
GAS		
MAINTENANCE		
<b>TOTAL</b>		

DEBTS	BUDGET	SPENT
CREDIT CARD		
OTHER		
<b>TOTAL</b>		

FOOD	BUDGET	SPENT
GROCERIES		
EATING OUT		
<b>TOTAL</b>		

MISC	BUDGET	SPENT

CHECKING SAVINGS ACCOUNT			
ACCOUNT	STARTING	GOAL	ENDING

	BUDGET	ACTUAL	DIFFERENCE
TOTAL INCOME			
TOTAL EXPENSES			
TOTAL SAVINGS			

# SPENDING TRACKER

Weeks	Amount	Total	Weeks	Amount	Total
01			27		
02			28		
03			29		
04			30		
05			31		
06			32		
07			33		
08			34		
09			35		
10			36		
11			37		
12			38		
13			39		
14			40		
15			41		
16			42		
17			43		
18			44		
19			45		
20			46		
21			47		
22			48		
23			49		
24			50		
25			51		
26			52		

Amount Spend:

Total Spend:

# NO SPEND CHALLENGE

MONTH \_\_\_\_\_

01	02	03	04	05	06
07	08	09	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

## Exceptions

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## Stats


## Reflections






# UTILITIES

MORTGAGE	
Company	
Policy No	
Phone No	
Website	
Renewal Date	

BROADBAND	
Company	
Policy No	
Phone No	
Website	
Renewal Date	

WATER	
Company	
Policy No	
Phone No	
Website	
Renewal Date	

TV	
Company	
Policy No	
Phone No	
Website	
Renewal Date	

GAS	
Company	
Policy No	
Phone No	
Website	
Renewal Date	

MOBILE	
Company	
Policy No	
Phone No	
Website	
Renewal Date	

# INSURANCE DETAILS

INSURANCE COMPANY:	
Provider Name	
Policy No	
Phone No	
Website	
Number of NYC (No Year Claims)	
Renewal Date	

INSURANCE COMPANY:	
Provider Name	
Policy No	
Phone No	
Website	
Number of NYC (No Year Claims)	
Renewal Date	

INSURANCE COMPANY:	
Provider Name	
Policy No	
Phone No	
Website	
Number of NYC (No Year Claims)	
Renewal Date	









# INDOOR MAINTENANCE

<b>January</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>February</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>March</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>April</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>May</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>June</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>July</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>August</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>September</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>October</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>November</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>December</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

# ROOM BY ROOM

## LIVING ROOM

.....  
.....  
.....  
.....  
.....

## KITCHEN

.....  
.....  
.....  
.....  
.....

## DINING ROOM

.....  
.....  
.....  
.....  
.....

## MAIN BEDROOM

.....  
.....  
.....  
.....  
.....

## HALLWAY

.....  
.....  
.....  
.....  
.....



# ROOM RENOVATION

ROOM

NEED TO	GOAL DATE	ACTUAL DATE
<input type="checkbox"/> Declutter		
<input type="checkbox"/> Organize		
<input type="checkbox"/> Re-Arrange		
<input type="checkbox"/> Deep Clean		
<input type="checkbox"/> Repair		
<input type="checkbox"/> Re-Decorate		
<input type="checkbox"/> Re-Model		

TO DO	GET RID OF IT	BUY IT
<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"/>

NOTES:



# DESIGN PLANNER

ROOM / SPACE

BUDGET

ROOM SIZE

ROOM STYLE

COLORS

PATTERNS

MATERIALS

SKETCHES & IDEAS

# ROOM ASSESSMENT



ROOM / SPACE

WHAT WORKS

WHAT NEEDS TO BE FIXED

ITEMS TO REUSE

DIY PROJECTS

NOTES

TO DOS



# DIY PROJECT

PROJECT

BUDGET

DEADLINE

SKETCHES & IDEAS

WEBSITE / INSPIRATIONS


TO DO LIST

<input type="checkbox"/>	

SKETCHES & IDEAS

ON HAND

BUY

SKETCHES & IDEAS	ON HAND	BUY
	<input type="checkbox"/>	<input type="checkbox"/>

# PAINT TRACKER

ROOM

COLOR

PAINT  
BRAND

PRODUCT

SHEEN

NOTES


SAMPLE

--

ROOM

COLOR

PAINT  
BRAND

PRODUCT

SHEEN

NOTES


SAMPLE

--

ROOM

COLOR

PAINT  
BRAND

PRODUCT

SHEEN

NOTES


SAMPLE

--



# SHOPPING LIST

ITEM	SUPPLIER	COST

NOTES

# DAILY CLEANING

DATE: \_\_\_\_\_

MORNING	
_____	<input type="checkbox"/>

EVENING	
_____	<input type="checkbox"/>

DAY	
_____	<input type="checkbox"/>

BEFORE BED	
_____	<input type="checkbox"/>

NOTES	
_____	
_____	
_____	

# WEEKLY CHORES

## ALL ROOMS

<input type="checkbox"/>	<input type="checkbox"/>

## BEDROOM

<input type="checkbox"/>	<input type="checkbox"/>

## LIVING ROOM

<input type="checkbox"/>	<input type="checkbox"/>



# CLEANING ZONES















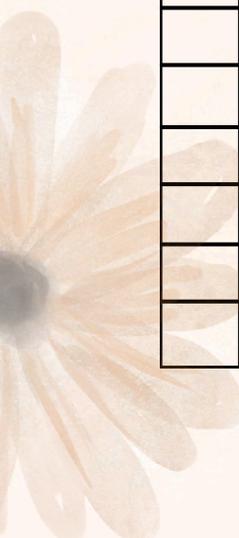








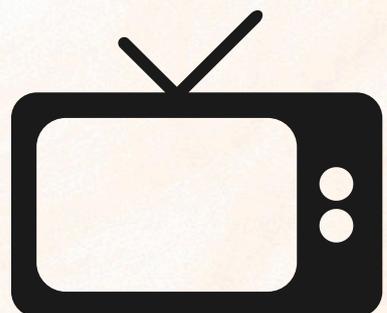
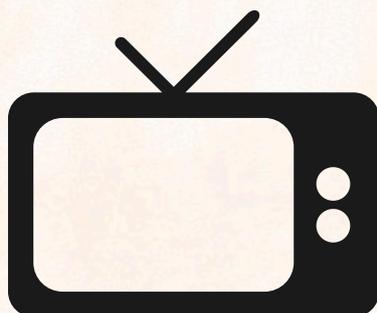
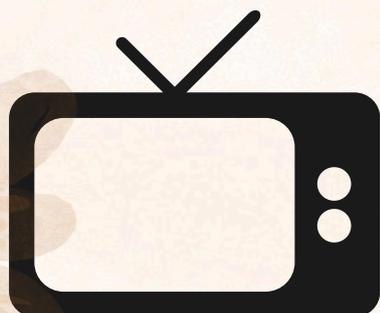
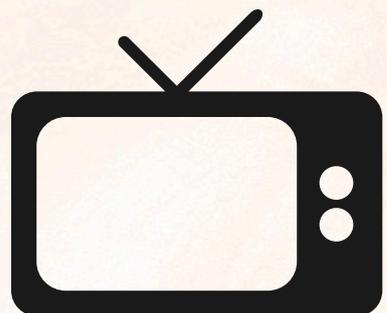
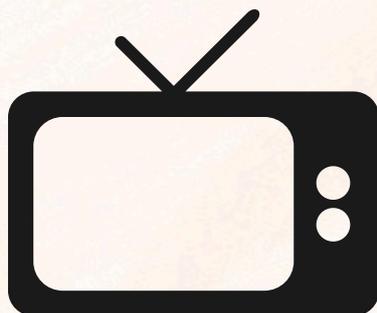
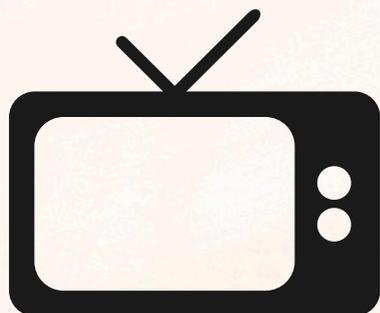
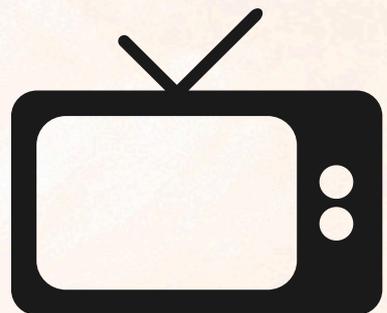
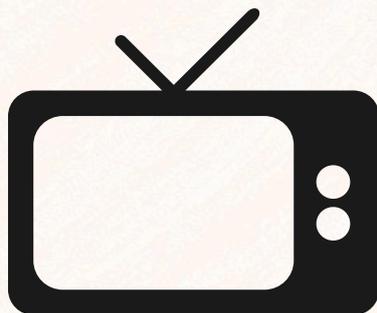
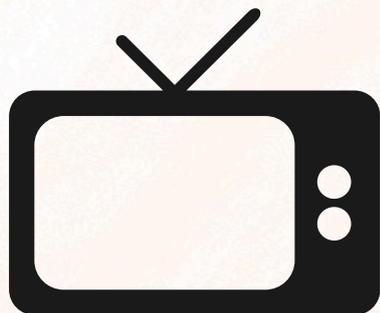
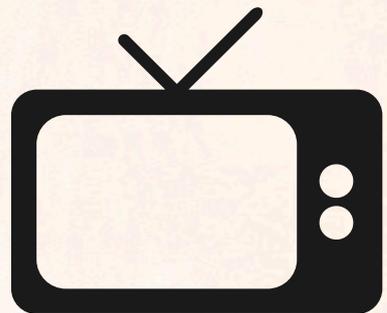
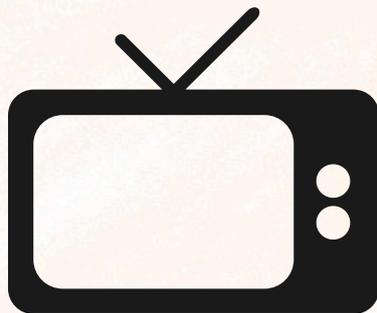
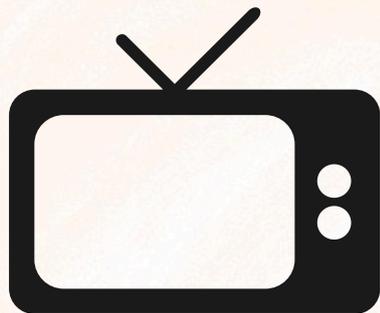
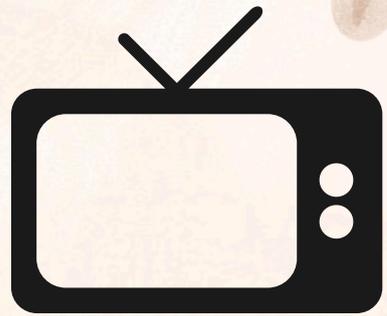
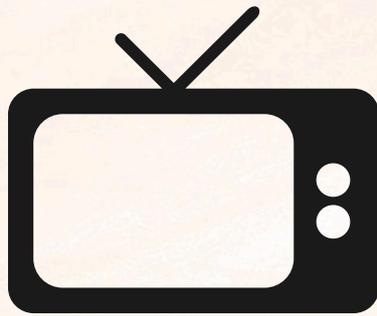
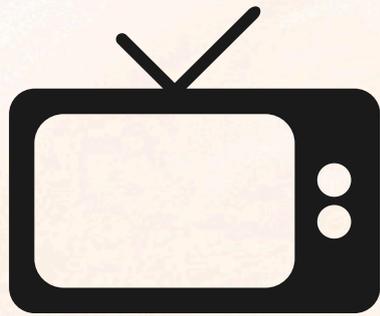








# FAMILY TV SHOWS



# PARTY PLANNER

<p>PARTY THEME</p>  <p>WHERE</p>  <p>WHEN</p>	<p>MENU PLANNER</p> <p>STARTER</p>  <p>MAIN COURSE</p>
<p>GUESTS INVITED</p>  <p>YES/NO</p>	<p>SIDES</p>  <p>PUDDING</p>  <p>SNACKS</p>
<p>GAMES TO PLAY</p>	<p>THINGS TO BUY</p>



# DAILY MEAL PLANNER



DATE: \_\_\_\_\_

BREAKFAST

SNACKS

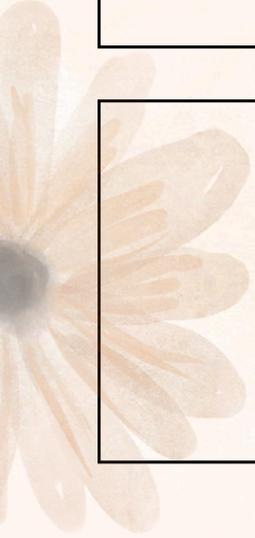
LUNCH

SNACKS

DINNER

SNACKS

NOTES



# RECIPE PLANNER



Category:

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Prep Time:

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Cook Time:

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Total Time:

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Servings:

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Difficulty:

Source:

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Total Needed:

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Prep Ahead:

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Notes:

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Name:

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Ingredients:

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Directions:

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# VACATION PLANNER

## DESTINATION 1

Country		Region	
City		Average Temp.	
Language		Currency	
Must Visit	Must Experience		

## DESTINATION 2

Country		Region	
City		Average Temp.	
Language		Currency	
Must Visit	Must Experience		

## DESTINATION 3

Country		Region	
City		Average Temp.	
Language		Currency	
Must Visit	Must Experience		

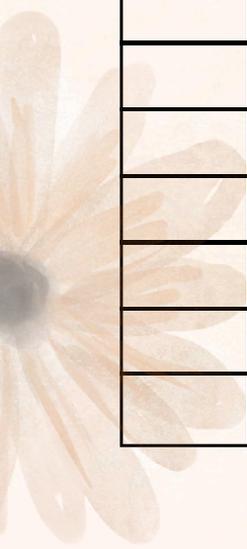




# PACKING LIST



	Item Name





# VITAMIN & MEDICATION



MEDICATION:	<input type="checkbox"/>						
FREQUENCY:	<input type="checkbox"/>						
DOSE:	<input type="checkbox"/>						
<b>TIME:</b>	<input type="checkbox"/>						
DATE:	<input type="checkbox"/>						

MEDICATION:	<input type="checkbox"/>						
FREQUENCY:	<input type="checkbox"/>						
DOSE:	<input type="checkbox"/>						
<b>TIME:</b>	<input type="checkbox"/>						
DATE:	<input type="checkbox"/>						

MEDICATION:	<input type="checkbox"/>						
FREQUENCY:	<input type="checkbox"/>						
DOSE:	<input type="checkbox"/>						
<b>TIME:</b>	<input type="checkbox"/>						
DATE:	<input type="checkbox"/>						

MEDICATION:	<input type="checkbox"/>						
FREQUENCY:	<input type="checkbox"/>						
DOSE:	<input type="checkbox"/>						
<b>TIME:</b>	<input type="checkbox"/>						
DATE:	<input type="checkbox"/>						



# WORKOUT PLANNER

WEEK: \_\_\_\_\_

## MONDAY

Planned Workout	Actual Workout
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## TUESDAY

Planned Workout	Actual Workout
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## WEDNESDAY

Planned Workout	Actual Workout
-----------------	----------------

## THURSDAY

Planned Workout	Actual Workout
-----------------	----------------

## FRIDAY

Planned Workout	Actual Workout
-----------------	----------------

## SATURDAY

Planned Workout	Actual Workout
-----------------	----------------

## SUNDAY

Planned Workout	Actual Workout
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# 30 DAYS STEPS TRACKER

DATE: \_\_\_\_\_

GOAL

DAY 01	DAY 02	DAY 03	DAY 04	DAY 05	DAY 06
DAY 07	DAY 08	DAY 09	DAY 10	DAY 11	DAY 12
DAY 13	DAY 14	DAY 15	DAY 16	DAY 17	DAY 18
DAY 19	DAY 20	DAY 21	DAY 22	DAY 23	DAY 24
DAY 25	DAY 26	DAY 27	DAY 28	DAY 29	DAY 30

NOTES

# YOGA LOG

TODAY'S DATE

MUSIC

POSITION/S	TIME	DONE
		<input type="checkbox"/>

GOAL/S FOR TODAY'S YOGA SESSION

# ACTION BRAINSTORM



Stop Doing

Do Less

Keep Doing

Do More

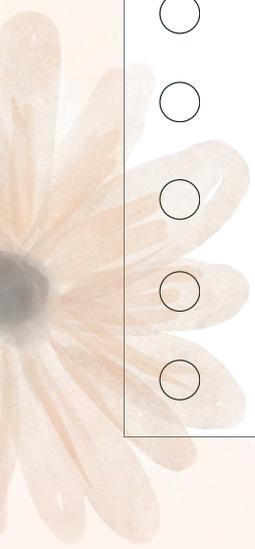
Start Doing



# TO DO LIST



<b>Checklist</b>	<b>Notes</b>
<input type="checkbox"/>	



# DAY AT GLANCE



## TOP PRIORITIES

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

## APPOINTMENTS

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

## TODAY'S TO DO

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## TOMORROW TO DO

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## NOTES



## DOODLE

# WEEK AT GLANCE



**WEEK**

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**MONDAY**

**TUESDAY**

**WEDNESDAY**

**THURSDAY**

**FRIDAY**

**SATURDAY**

**SUNDAY**

**NOTES**



# MONTH AT GLANCE

MONTH

SUN	MON	TUES	WED	THURS	FRI	SAT

MONTH GOALS

- 
- 
- 
- 
- 

NOTES

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# YEAR AT GLANCE



YEAR : \_\_\_\_\_

JANUARY

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FEBRUARY

--

MARCH

--

APRIL

--

MAY

--

JUNE

--

JULY

--

AUGUST

--

SEPTEMBER

--

OCTOBER

--

NOVEMBER

--

DECEMBER

--



# GARDEN IDEAS

## Plants/Crops to Plant

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

## Garden Layout Vision Board


## Things To Do in the Future


## Additional Notes

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# PLANT LOG



Common Name: _____	
Crop Variety: _____	Harvest Starting Date: _____
Date Crop Planted: _____	Harvest Ending Date: _____
Date Crop Germinated: _____	Additional Notes: _____ _____ _____
Date Crop Transplanted: _____	

Common Name: _____	
Crop Variety: _____	Harvest Starting Date: _____
Date Crop Planted: _____	Harvest Ending Date: _____
Date Crop Germinated: _____	Additional Notes: _____ _____ _____
Date Crop Transplanted: _____	

Common Name: _____	
Crop Variety: _____	Harvest Starting Date: _____
Date Crop Planted: _____	Harvest Ending Date: _____
Date Crop Germinated: _____	Additional Notes: _____ _____ _____
Date Crop Transplanted: _____	

