

Date _____

REQUEST FOR FINANCIAL COUNSELING

Personal Information

Name _____ Spouse _____

Address _____ City _____ Zip _____

Phone: (home) _____ (work) _____ (cell) _____

Age Group: 20s 30s 40s 50s 60s+

Never Married Married Years Married _____ Separated Divorced Widowed

Ages of children _____ Number at home ____ Adult children at home ____

Education: Yourself _____ Spouse _____

What church do you attend? _____ Member? _____ How often attend? _____

Do you know Jesus Christ as your Lord and Savior? _____

Have you met with any of our pastors for counseling or assistance? _____

(If yes, add name and when) _____

Who referred you for financial counseling? _____

Are you willing to follow Christian principles and obey God's commands as revealed through financial counseling? Yes _____ No _____

Financial Goals and Concerns Information

What goals do you want to accomplish as a result of this counseling (get out of debt, develop a working budget, start a savings plan, how to invest, etc.)? _____

Spouse's goals: _____

Have you every met with a budget coach before? Yes _____ No _____

If so, who and when? _____ Date _____

List areas of concern as you see them now (impulse buying, lack of income, no budget, abuse of credit, etc.)

Spouse's answer: _____

Additional comments that will help pair you with a budget coach or prepare the coach for their meeting with you:

Employment Information

Employer _____ Mo/Yrs ___ Occupation _____ Annual Income _____

Spouse

Employer _____ Mo/Yrs ___ Occupation _____ Annual Income _____

Bank, Assets, Misc. Information

Do you know how to reconcile your checkbook to your monthly statement Y _____ N _____

Has your checkbook been reconciled (to the penny) to your bank statement in the last 30 days? Y ___ N ___

Checking Account Balance \$ _____ Credit Union(s) \$ _____
Savings Account Balances \$ _____ Other \$ _____

Does your employer have a payroll deduction plan for any of the following?

Savings Stocks Insurance Investments Loans IRA 401K/403B

How much? _____

Are you currently participating in any savings, retirement or investment plans and if so, what are they?

Y _____ N _____ Which ones? _____

Describe any other assets you have, i.e., stocks, bonds, IRAs trusts, real estate

Do you have a current will? Y _____ N _____

Have you ever filed for bankruptcy? Y _____ N _____

Thank you. You should be hearing from a budget coach as soon as possible.

Monthly Spending

INCOME PER MONTH:

* Salary _____
 Spouse _____
 Interest _____
 Other _____
 Other _____

LESS:

* Tithe _____
 (Malachi 3:10;
 Matthew 6:19-20)

* Taxes _____
 (Matthew 22:15-22;
 Romans 13:6-8)

NET INCOME FOR
MANAGEMENT (100%) _____

E. Household
 Supplies _____
 Laundry/cleaning _____

F. Insurance
 Life _____
 Medical _____
 Dental _____
 Other _____

G. Medical Expenses
 Doctor _____
 Dentist _____
 Prescriptions _____
 Other _____

MONTHLY LIVING EXPENSES (80% MAXIMUM)

A. Housing
 Mortgage (Rent) _____
 Insurance _____
 Taxes _____
 Electricity _____
 Gas _____
 Water/Sewer/Garbage _____
 Telephone _____
 Cable/Internet _____
 Maintenance _____
 Other _____
 Other _____
 Other _____

B. Vehicle
 Payment _____
 Payment _____
 Insurance _____
 Gas & Oil _____
 Other _____

C. Clothing _____

D. Food
 Groceries _____
 Meals Eaten Out _____
 Pets _____

H. Miscellaneous
 Personal care _____
 Beauty/barber _____
 Baby-sitting _____
 Lessons _____
 Membership _____
 Newspaper _____
 Recreation _____
 Transportation _____
 Other _____
 Other _____
 Other _____

**I Periodic (from page 4) _____

TOTAL A - I LIVING EXPENSES
(80% MAXIMUM) _____

DEBTS (15% MAXIMUM)
 (from worksheet, page 6) _____

SAVINGS (5% MINIMUM) _____

MONTHLY SPENDING PLAN
 (Must not exceed Net Income
 for Management) _____

Periodic Expenses Worksheet

Record estimated **yearly** figures for the following expenses:

1. <u>Gifts</u>	
Birthdays	_____
Christmas	_____
2. <u>Other Insurance</u> *	
Other _____	_____
3. <u>Magazine subscriptions</u>	_____
4. <u>School</u>	
Fees	_____
Books	_____
5. <u>Taxes</u>	
Income	_____
Property	_____
Other _____	_____
6. <u>Vacations</u>	_____
7. <u>Vehicle repair/replace</u>	_____
8. <u>Vehicle license/registration</u>	_____
9. <u>Home maintenance/repairs</u>	_____
10. _____	_____
11. _____	_____
Total	_____ divided by 12 = _____

* Include insurance payments here if made quarterly or yearly.
Enter this amount on the budget sheet under "I. Periodic."

Expenses for the Month of _____, 20____

Date	A Housing	B Vehicle	C Clothing	D Food	E Household	F Insurance	G Medical	H Misc.	I Periodic	Debt	Savings	Totals
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
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25												
26												
27												
28												
29												
30												
31												
Total												
Budget Amount												
+ or -												

