PERSONAL FINANCIAL WELLNESS FORM

PERSONAL INFORMATION

Your Name_ _____ Age_____ Type of Work_____

Spouse Name_____ Age_____ Type of Work_____

Number of Children or Other Dependents_____

Mailing Address _____City _____ State _____

ZIP _ _____ Phone _____ Email_____

INCOME

What is your monthly net take-home pay?

_____

Do you have an irregular income? __Yes __No

Do you use a monthly budget? __Yes __No

SAVINGS

Do you have an emergency fund? __Yes__ No
How much is in the fund? _____

Are you currently investing for retirement?
__Yes __No

What is your balance? _____ What is your monthly contribution? _____

Do you contribute to non-retirement savings?
__Yes __No What is your balance? _____

What is your monthly contribution? _____

HOUSING

Do you rent or own? __Rent __Own

Are you current on your payment? __Yes __No

What are the total monthly payments? _____

CONSUMER DEBT

Do you have any vehicle loans? __Yes __No

Are you current on vehicle payments? _Yes _No

What are your total monthly payments?

_____

List any total balances due:

Credit Cards _____

Student Loans _____

Taxes _____

Other _____

WHAT PRIMARY ISSUE SHOULD WE FOCUS ON DURING YOUR COACHING SESSION?

__Budgeting __Premarital __ Retirement/Investing __Debt Reduction __College Student __ Other __

LIST THE TOP THREE CONCERNS/QUESTIONS RELATED TO YOUR ABOVE SELECTION: