



**MEMBER FINANCIAL COACHING INTAKE**

**PERSONAL INFORMATION**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME: (Last): \_\_\_\_\_ (First) \_\_\_\_\_ (Maiden): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Apt.# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email Address \_\_\_\_\_

MARITAL STATUS:    Single    Engaged    Married    Separated    Divorced    Widowed    Co-Habiting

**SPOUSE'S INFORMATION**

NAME:  
(Last): \_\_\_\_\_ (First) \_\_\_\_\_ (Maiden): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Apt.# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

PHONE (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email Address \_\_\_\_\_

**PLEASE LIST SPECIFIC REQUESTS IN ORDER OF URGENCY**

Need (Rent, utility, auto repair, etc.)	Requested Amount

What events led to your needing assistance? \_\_\_\_\_  
\_\_\_\_\_

Have you received assistance from us in the past?                    \_\_\_\_ Yes                    \_\_\_\_ No

When / What? \_\_\_\_\_  
\_\_\_\_\_

**LIST ALL OTHER INDIVIDUALS SHARING YOUR HOUSEHOLD**

First & Last Name	Sex	Age	Grade in School	Name of School	Relationship to You	Are they employed?

**APPLICANT EMPLOYMENT HISTORY**

Is anyone in your household unemployed due to disability? Yes No If Yes, who \_\_\_\_\_

Are they receiving disability benefits? Yes No

**PLEASE LIST YOUR PRESENT AND PAST EMPLOYMENT**

	PLACE OF EMPLOYMENT	FT or PT	DATES OF EMPLOYMENT	DUTIES	REASON FOR LEAVING
Current					
Current					
Past					
Past					
Spouse Current					

List other members of household 18 years and over who are employed? \_\_\_\_\_

List any significant illnesses, injuries, or handicaps that prevent you from working: \_\_\_\_\_

If you are unemployed, are you currently seeking employment? How long have you been unemployed?: \_\_\_\_\_

What steps are you taking to seek active employment?: \_\_\_\_\_

**HOUSING INFORMATION**

Circle One:      Own/Purchasing      Renting      Living with Family      Living with Friends      Homeless

How long have you been at your present address: \_\_\_\_\_ Current Landlord or Mortgage Company Name: \_\_\_\_\_

**FINANCIAL INFORMATION**

**ASSETS/INCOME**

ASSETS			AMOUNT
Cash on Hand			
Checking Accounts			
Savings Accounts			
Money Market Funds			
C.D.(s)			
Mutual Funds			
Insurance Cash Value			
IRA (s)			
<i>For cars and home show information to right</i>	Market Value	Balance Owed	<b>NET VALUE</b>
Car (year _____ make _____)			
Car (year _____ make _____)			
Home			

Other Property			
Other Assets			
<b>TOTAL ASSETS</b>			
<b>INCOME (On Monthly Basis)</b>	<b>GROSS</b>	<b>NET</b>	
Head of Household's job #1			
Head of Household's job #2			
Spouse's/Roommates job #1			
Spouse's/Roommates job #2			
Other Family Member's Income			
<b>OTHER INCOME</b>			
Interest			
Dividends			
Alimony			
Child Support			
Disability			
Social Security			
Governmental Aid			
Unemployment			
Food Stamps			
Other Sources			
<b>TOTAL MONTHLY INCOME</b>			

### **EXPENSES/LIABILITIES**

<i>Translate annual or quarterly payments into "Avg. Monthly" by dividing annual payments by 12 or quarterly payments by 4.</i>	<b>Average Monthly Expense/Payment</b>	<b>Total Balance</b>	<b>NOTES</b>
<b>GIVING</b>			
Tithe			
Other Giving			
<b>GIVING SUBTOTAL</b>			
<b>SAVINGS</b>			
Regular Savings			
Retirement			
Education			
<b>SAVINGS SUBTOTAL</b>			
<b>HOUSING</b>			
Mortgage or Rent			
2 <sup>nd</sup> Mortgage or Line of Credit			
Homeowner/Renters Insurance			
Real Estate Taxes			
Personal Property Taxes			
Maintenance			
Electric			
Gas			
Water & Power			
Telephone			
<b>HOUSING SUBTOTAL</b>			

<b>FOOD/PERSONAL</b>			
Food, personal and household items			
Barber/Beauty Salon			
<b>FOOD/PERSONAL SUBTOTAL</b>			
<b>CLOTHING</b>			
Purchases			
Laundry/Dry Cleaning			
<b>CLOTHING SUBTOTAL</b>			
<b>TRANSPORTATION</b>			
Car Loan Payment(s)			
Car Loan Payment(s)			
Insurance			
License/tags			
Gas			
Maintenance			
Bus/Parking			
<b>TRANSPORTATION SUBTOTAL</b>			
<b>OTHER INSURANCE</b>			
Life			
Disability			
Medical			
Dental			
<b>OTHER INSURANCE TOTAL</b>			
<i>Translate annual or quarterly payments into "Avg. Monthly" by dividing annual payments by 12 or quarterly payments by 4.</i>	<b>Average Monthly Expense/Payment</b>	<b>Total Balance</b>	<b>NOTES</b>
<b>ENTERTAINMENT/RECREATION</b>			
Dining Out			
Allowances			
Movies/Events			
<b>Vacation/trips</b>			
Baby sitting			
Gifts			
Cable/Dish/Satellite TV			
Health Club			
Hobbies/Lessons			
Books/Magazines/Newspaper Subscriptions			
Other			
<b>ENTERTAINMENT/RECREATION SUBTOTAL</b>			
<b>PROFESSIONAL SERVICES</b>			
Education/Childcare			
Medical/Dental			
Prescriptions			
Legal			
Counseling			
Union/Professional Dues			
<b>PROFESSIONAL SERVICES SUBTOTAL</b>			
<b>DEBT</b>	<b>Average Monthly Expense/Payment</b>	<b>Total Balance</b>	<b>Interest Rate</b>
Credit Cards (Indicate type of cards; e.g. Visa)			

Credit Cards (cont.)			
Other charge Accounts (i.e. department stores)			
School Loans			
Bank/Consumer Loans			
Credit union			
Other Debt			
<b>DEBT PAYMENTS SUBTOTAL</b>			
<b>OTHER EXPENDITURES OR DEBT</b>			
<b>OTHER EXPENDITURES SUBTOTAL</b>			
<b>GRAND TOTAL OF EXPENSES</b>			

## ADDITIONAL INFORMATION

Have you seen a financial counselor in the last six months?  Yes  No

If so, with whom? \_\_\_\_\_

Do you have a budget? Yes  No  If YES, please attach a copy of the current budget both monthly and yearly.

Have you contacted anyone else for assistance within the last six months? Please specify:

Family  Friends  Other Churches  Agencies  Other

What steps are you taking to solve your present situation? \_\_\_\_\_

May we contact your friends at the church and/or your listed below references?  Yes  No

Do they know about your needs?  Yes  No

Are you willing to participate in FBC's *Financial Peace University* classes?  Yes  No

Reference Names and Phone Numbers (other than relatives):

1. \_\_\_\_\_

2. \_\_\_\_\_

*I authorize Fellowship Bible Church to verify all information provided.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_