



Money Management Assistance

PERSONAL INFORMATION

Date ____/____/____

Name (Last): _____ (First): _____

(Maiden): _____

Address: _____ Apt. # _____

City: _____ State: _____ ZIP: _____

Phone (Daytime): _____ (Work): _____ (Evening): _____

Circle one: Male Female Date of Birth ____/____/____ Age: _____

Marital Status: Single Engaged Married Separated Divorced Widowed

INFORMATION ON SPOUSE

Name (Last): _____ (First): _____ (Maiden): _____

Address: _____ Apt. #: _____

City: _____ State: _____ ZIP: _____

Phone (Daytime): _____ (Work): _____ (Evening): _____

Circle one: Male Female Date of Birth: ____/____/____ Age: _____

HOW CAN WE HELP YOU?

Briefly describe your financial situation.

Contact Preferences

How would you prefer to be contacted?

Check all that apply.

1. E-Mail

2. Phone

List All Other Individuals Sharing Your Household

Name	Age	Date of Birth	Relationship	Monthly Income

Applicant Employment History

Present/Most Recent Employer _____

If you are unemployed, are you currently seeking employment? Yes No

How long have you been unemployed? _____

Reason _____

What steps are you taking to seek active employment? _____

Spouse's Employment History

Present/Most Recent Employer _____ Phone _____

Housing

Own/Purchasing Renting How long have you been at your present address? _____

How long were you there and why did you move?

Do you have access to a car? Yes No

THIS IS AN EXAMPLE OF A MONTHLY BUDGET PLAN THAT YOU WILL BE COMPLETING WITH YOUR MONEY COACH.

Monthly Budget/Spending Plan

Category	Net Income	Savings	Tithe Giving	Rent Mortg	Electric, Water	Phone	Gas	Car pmt, ins, taxes	Food	Household items	Alcohol & Tobacco	Health & Beauty	Ent/Rec	Clothing	Debt	Misc	Total	
Budg Amount																		
Date																		
1																		0
2																		0
3																		0
4																		0
5																		0
6																		0
7																		0
8																		0
9																		0
10																		0
11																		0
12																		0
13																		0
14																		0
15																		0
16																		0
17																		0
18																		0
19																		0
20																		0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Record cash, money order, check and or credit/debit card transactions for each purchase or bill paid

TO BE COMPLETED BY YOU AND YOUR MONEY COACH.

MONTHLY INCOME AND EXPENSES

GROSS INCOME PER MONTH _____		8. Enter./Recreation _____	
Salary	_____	Eating Out	_____
Interest	_____	Baby Sitters	_____
Dividends	_____	Activities/Trips	_____
Other (_____)	_____	Vacation	_____
Other (_____)	_____	Other (_____)	_____
		Other (_____)	_____
LESS:		9. Clothing _____	
1. Tithe	_____	10. Savings _____	
2. Tax (Est. - Incl. Fed., State, FICA)	_____	11. Medical Expenses _____	
NET SPENDABLE INCOME	=====	Doctor	_____
3. Housing	_____	Dentist	_____
Mortgage (rent)	_____	Drugs	_____
Insurance	_____	Other (_____)	_____
Taxes	_____	12. Miscellaneous _____	
Electricity	_____	Toiletry, cosmetics	_____
Gas	_____	Beauty, barber	_____
Water	_____	Laundry, cleaning	_____
Sanitation	_____	Allowances, lunches	_____
Telephone	_____	Subscriptions	_____
Maintenance	_____	Gifts (incl. Christmas)	_____
Other (_____)	_____	Cash	_____
Other (_____)	_____	Internet	_____
4. Food	_____	Other (_____)	_____
5. Automobile(s)	_____	Other (_____)	_____
Payments	_____	13. Investments _____	
Gas and Oil	_____	14. School/Child Care _____	
Insurance	_____	Tuition	_____
License/Taxes	_____	Materials	_____
Maint./Repair/Replace	_____	Transportation	_____
6. Insurance	_____	Day Care	_____
Life	_____	Other (_____)	_____
Medical	_____	TOTAL EXPENSES	=====
Other (_____)	_____	INCOME VERSUS EXPENSES	
7. Debts	_____	Net Spendable Income	_____
Credit Card	_____	Less Expenses	_____
Loans and Notes	_____		=====
Other (_____)	_____		
Other (_____)	_____		

Please complete as much information as you can. It would be helpful to provide a credit report. You can get a free credit report on the following websites.

www.experian.com/, www.transunion.com/, www.equifax.com,
www.treasury.ky.gov/fcr.htm

FINANCIAL INFORMATION

LIST OF DEBTS

as of _____

To Whom Owed	Contact Name	Pay Off	Payments Left	Monthly Payment	Date Due	Interest Rate
	Phone Number					

TO BE COMPLETED BY YOU AND YOUR MONEY COACH.

Additional Information

Do you have any debts from a previous marriage? Yes No

If yes, amount _____ Explain _____

Do you and/or your spouse have any garnishments in force? Yes No

If yes, amount _____ Explain _____

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

If so, with whom? _____

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

Family Friends Churches Agencies _____

What steps are you taking to improve your present situation?

What is the name and phone number of your church?

Minister's name? _____

Do you attend regularly? Yes No

Since _____

How frequently? _____ Are you a member? Yes No

Have you attended the Freed-up Class or Financial Peace Class at NECC? Yes No

By signing below, you indicate the information provided is accurate and complete to the best of your knowledge and belief. Your Money Coach will use the information provided to assist you in evaluating your current finances. Further, you understand it is essential that your Money Coach have complete and accurate information in order to provide you with appropriate and relevant advice concerning your finances. Northeast Christian Church and the Money Coach Team agree that all information provided is confidential and will be used solely for the purposes set forth above.

Northeast Christian Church does not provide legal, tax, or accounting advice. You are responsible for seeking independent tax, legal and accounting advice prior to implementing any suggestions or strategies discussed through the Money Coach program and all decisions regarding the financial, tax, and legal consequences will ultimately rest with you and your legal and accounting advisors.

Signature _____ Date _____

Printed name _____