

Financial Counseling Application

Financial Overview

In order to take full advantage of your time and provide you with the best information available for your one-on-one financial coaching session, please provide the following information. This information will not be shared with anyone and is completely confidential.

Personal Information

Name _____ Date of Birth _____

Place of Work _____ Type of Work _____

Annual Gross Income _____ Monthly Take Home Pay _____

Spouse's Name _____ Date of Birth _____

Place of Work _____ Type of Work _____

Annual Gross Income _____ Monthly Take Home Pay _____

Daytime Phone _____ Alternative Phone _____ Email _____

Address _____
Street City State ZIP

Financial Information

How many dependants living at home? _____ Ages? _____

Do you rent or own your home? _____ Monthly payment? _____ Approx. value of your home? _____

What is the total debt on your home? _____ Any auto loans? _____

How many? _____ Total amount? _____

Do you have a working monthly budget? _____ Do you save money on a regular basis? _____

Did you receive a tax refund last year? _____ If so, how much? _____

Do you currently contribute to retirement? _____ Do you have cash value or term life insurance? _____

Approximate total of all other debt (student/personal loans, credit cards, etc.) _____

What specific issues would you like to discuss during your 30 minute consultation? _____

Please return this form to East Gate Alliance Church, Attn: Jan, 2203 East Becker Road, Marshfield, WI 54449