



## FINANCIAL STABILITY ASSESSMENT

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Current Age: \_\_\_\_\_  
Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Current Location: \_\_\_\_\_

Please answer the following questions about the following areas:

### INCOME

What is your current source of income?

- ☐ Employment (Indicate Monthly Income Here): \$ \_\_\_\_\_
- ☐ Government Benefits (monthly amount)
  - ☐ SSDI: \$ \_\_\_\_\_
  - ☐ SSI: \$ \_\_\_\_\_
  - ☐ General Assistance: \$ \_\_\_\_\_
- ☐ Help from Family or Friends: \$ \_\_\_\_\_

### CREDIT SCORE

Have you checked your credit score in the last 30 days? Do you know what your credit score currently is?

- ☐ YES \_\_\_\_\_
- ☐ NO

Would you like to improve your credit score?

- ☐ YES
- ☐ NO

Do you have any outstanding debts? If so, can you list them below indicating the amount and who the debt is to?

- ☐ YES
- ☐ NO

List outstanding debt here:

Are you currently working with an organization to repair your credit?

- ☐ YES \_\_\_\_\_
- ☐ NO

### MONTHLY BUDGET

Do you use a monthly budget?

- ☐ YES, if so, what tool do you use to track your expenses?  
\_\_\_\_\_
- ☐ NO

Do you have plans to increase your income?

- ☐ YES
- ☐ NO

If yes, please indicate more details here about your plan to increase your income.

Would you be interested in assistance with job navigation to increase your income?

☐ YES

☐ NO

### **BANKING**

Do you have a bank account?

☐ YES

☐ NO

Do you have a savings account?

☐ YES

☐ NO

If no, would you like help setting up a general banking and savings account?

☐ YES

☐ NO

If yes, are you currently putting money in savings each month?

☐ YES

☐ NO

Do you have additional accounts for long term savings or retirement?

☐ YES

☐ NO