

## **Financial Empowerment Intake Assessment Model Supplemental Assessment Questions**

*The following list of questions can be used to begin a conversation that will lead to the development of goals and action steps to increase participants' financial security.*

### **Income and Benefits**

What are your sources of income?

- Wages or self-employment
- Unemployment insurance
- GAU
- TANF
- Social security (retirement, disability, SSI)
- Veterans benefits
- Pension
- Child support
- Other

Are you getting all the benefits you qualify for as far as you know?

- Basic Food
- Health Insurance
- Utility Assistance
- Child Care/Preschool
- Other

Do you file taxes? Do you claim the Earned Income Tax Credit?

- If Yes: Do you pay an agency to have your taxes prepared?

### **Money Management**

At the end of a typical month, do you \_\_\_\_\_?

- have money left over for savings
- break even after paying bills and other expenses
- come up short and have to make choices about what bills get paid and what bills don't
- end up adding to a credit card, taking out a loan, or borrowing from family or friends

Have you ever developed a personal or family budget?

- If Yes: Is it realistic and do you stick to it?

**Assets: Financial, Physical, and Productive**

Do you have a checking account?

- If Yes: Do you use direct deposit? Do you use this account to cash checks and pay bills? Have you had any issues with overdraft charges?
- If No: Where/how do you cash your checks and pay bills?

Do you have a savings account or other savings product (e.g. savings bond or CD)?

- If Yes: Are you satisfied with the amount of money you save regularly?
- If No: Where would you get money in the event of an emergency?

Do you have any investments (e.g. retirement accounts)?

- If Yes: Are you satisfied with your current investment arrangement?
- If No: Have you thought about your long-term financial outlook?

Do you have any major physical assets (e.g. car, home, business)?

Do you have any productive assets (e.g. education, training, work experience)?

**Liabilities**

Do you currently have any credit cards, payday loans, or other loans (e.g. car loan, student loan, home mortgage, personal loan)?

Creditor	Amount Owed	Able to make minimum monthly payment?	If unable to make payments, are you getting harassed by collection agencies, in danger of losing car/home, etc?

Do you have any other outstanding obligations (e.g. medical bills, utility bills, cell phone bills, parking tickets)?

Obligations	Amount Owed	Able to make minimum monthly payment?	If unable to make payments, are you getting harassed by collection agencies, in danger of losing car/home, etc?

**Credit History**

Have you seen a copy of your credit report and do you understand how to read it? Do you know your FICO score?

- If Yes: What did you learn?

Have you ever filed for bankruptcy?

- If Yes: When? Chapter 7 or Chapter 13? (If Chapter 13, please list any outstanding obligations above.)