

DAILY FINANCIAL SUCCESS – Intake Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Primary Contact # _____

Date of Birth: _____

On a scale from **1 to 10** (1 being the lowest it's ever been and **10** the highest it's ever been), rank your current level of financial stress? _____

Marital Status

- Single
- Married
- Divorced
- Separated
- Widowed
- Engaged

List the members and ages of your household?

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Do you?

- Own your home
- Rent
- Other _____

Are you currently employed?

- Yes
- No

If yes, where? _____

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PLEASE CHECK ALL AREAS THAT APPLY TO YOUR SITUATION

- Behind in monthly payments
- No saving or spending plan
- Too much credit (too many credit cards/loans)
- Overspending
- Expenses exceed income
- Creditors have contacted you (by phone or mail)
- Bankruptcy (Contemplated or filed)
- Overdraft in last year (Insufficient funds)
- Unexpected crisis
- Marital or family problems
- Gambling
- None of the above areas apply

Total monthly household income before taxes? _____

Estimate your total debt: _____

Total Student Loans: \$ _____

Total Credit Card Balance: \$ _____

Total Car Loan Balance: \$ _____

Total Mortgage Loan Balance: \$ _____

Specify Other type _____

Other loans = (doctors bills, home equity, consolidation, & other loans)

List three financial goals (i.e. pay off credit card, have emergency fund, buy a house)

<u>Goal?</u>	<u>Time to reach goal?</u>
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- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

How did you learn about our service? _____

Please give some basic information about your situation.

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