



Helping People Every Day

Financial Coaching & Education Questionnaire

Upon Completion, Return to:
Financial Coaching & Education
Florida Telco Credit Union
PO Box 16688 • Jacksonville, FL 32245

General Information

What are you looking to achieve in Financial Counseling?			

Please tell us about yourself...				
Name		Social Security Number	Home Telephone	Work Telephone
Street Address <input type="checkbox"/> OWN <input type="checkbox"/> RENT		City, State, ZIP		Years at this address
Best time to call Home _____ Office _____	Birth Date	No. of Dependents	Ages of Dependents	
Name of Employer <input type="checkbox"/> SELF <input type="checkbox"/> RETIRED		Length of Employment ____ yrs. ____ mos.	Job Title	Currently on Sick Leave? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, expected return date:
Gross Income \$	Net Income \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY	Date Last Paid	Additional Income & Source \$

Please tell us about your partner...				
Name		Social Security Number	Birth Date	Work Telephone
Name of Employer <input type="checkbox"/> SELF <input type="checkbox"/> RETIRED		Length of Employment ____ yrs. ____ mos.	Job Title	Currently on Sick Leave? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, expected return date:
Gross Income \$	Net Income \$	<input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> BI-MONTHLY	Date Last Paid	Additional Income & Source \$

Please describe your assets...			
Type	Value	Type	Value
Total in Savings Accounts	\$	Auto: Year: Make:	\$
Total in Checking Accounts	\$	Auto: Year: Make:	\$
Value of your home	\$	RV: Year: Make:	\$
Other: _____	\$	Boat: Year: Make:	\$

Authorization			
As a participant in the Financial Counseling Program, you agree that everything written in this questionnaire is correct to the best of your knowledge. You expressly authorize Florida Telco Credit Union or its agent to investigate your credit, employment, or any other information in order to evaluate your financial condition.			
Member's Signature		Date	Partner's Signature
X			X
			Date

CU USE	Monthly Income (Net)	Difference	Score
	Monthly Living Expenses	Debt Ratio	
	Payments to Creditors	Disposable Income	

Basic Monthly Expenses

Expense	Due Date	Payment	M - Monthly Q - Quarterly S - Semi-Annually A - Annually	<input checked="" type="checkbox"/> If Past Due
HOUSING				
Rent/Mortgage			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Condo Fees/ Home Owner Dues/Space Fees			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Storage Fees			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
UTILITIES				
Electricity			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Gas/Oil Heat			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Water			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Sewer			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Garbage			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Telephone			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Cable/Satellite TV			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Cell Phone/Pager			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
TRANSPORTATION				
Gas			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Bus Fare			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Car Pool			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Parking/Tolls/Etc.			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
FOOD				
Groceries			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Household Supplies			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Lunches (Work/School)			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Other (Coffee Shops, Snacks)			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Delivery (Pizza, etc.)			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
INSURANCE				
Automobile			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Life			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Health			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Recreational Items (Boat/RV, etc.)			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Other			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
HEALTH CARE				
Doctor			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Prescription Medicines			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Dentist			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Counseling			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
EDUCATION				
Tuition			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Books/ Supplies			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Fees			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Other			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
PET CARE				
Food, etc.			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Medical			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
MISCELLANEOUS				
			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
SUB TOTAL				

Expense	Due Date	Payment	M - Monthly Q - Quarterly S - Semi-Annually A - Annually	<input checked="" type="checkbox"/> If Past Due
DEPEND'T CARE				
Day Care/Sitter			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Alimony			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Child Support			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Allowance			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
CONTRIBUTIONS				
Church Tithe			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Clubs/Union Dues			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Charity			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Other			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
HOUSEHOLD				
Newspaper			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Media (Books, Tapes, DVDs, CDs)			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Computer (Internet, Software)			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Yard Maintenance			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Bottled Water			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Housekeeper			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Other			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
CLOTHING				
Accessories			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Dry Cleaning/ Laundry			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Other			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
PERSONAL				
Postage/Film			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Beauty/Barber Shop			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Toiltries & Cosmetics			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Tobacco Products			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Health Club			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Other			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
ENTERTAINMENT				
Restaurant Meals			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Movies/Plays/ Concerts			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Hobbies			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Sports			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Parties/Beverages/ Cover Charges			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Video Rentals			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Other			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
FEES				
Checking/ATM Fees			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
Savings Fees			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
SAVINGS				
Savings Acct			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
IRA Contributions			<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> S <input type="checkbox"/> A	<input type="checkbox"/>
SUB TOTAL from left column				
TOTAL from Both Columns				

