



**Financial Life Check-Up Philadelphia Tri-State Area Pro Bono Committee**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

What are your three biggest financial concerns?

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_

Are you satisfied or dissatisfied answering the following statements. *Satisfied Dissatisfied*

- 1. My ability to meet my financial obligations:
- 2. My income from my current job or career:
- 3. My spending habits:
- 4. Managing my debt:
- 5. The amounts and types of insurance protection I currently have:
- 6. The amount of money that I save or invest on a regular basis:
- 7. My ability to meet short-term financial goals:
- 8. My ability to meet my long-term financial goals:    
(education/retirement)
- 9. My financial record keeping and management:
- 10. My current level of financial education:

**Part I: Personal Information**

**Status**    Single    Married    Separated    Divorced    Widowed

	<u>You</u>	<u>Spouse/Partner</u>
First Name	_____	_____
Middle Name	_____	_____
Last Name	_____	_____
Social Security Number	XXX-XX-	XXX-XX-
Date of Birth	_____	_____

Home street address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home telephone number \_\_\_\_\_

Home fax number \_\_\_\_\_

Home e-mail address \_\_\_\_\_

Who owns your home? You individually? You and your spouse? You and your ex-spouse? A trust? Other? \_\_\_\_\_

**Employment**

Occupation/Title	_____	_____
Employer	_____	_____
Business street address	_____	_____
City, State, Zip Code	_____	_____
Business telephone number	_____	_____
Business fax number	_____	_____
Business e-mail address	_____	_____
Expected Retired Date (if not so already)	_____	_____

**Part II: Personal Investments**  
 (Exclude retirement assets)

<b>Cash Reserves</b>			
List Amount in Banks, Savings & Loans and Credit Unions			
Institution	Type (Checking, Savings etc.)	Current Balance	Interest Rate
1)			
2)			
3)			

  

<b>List Fixed Income Investments (CDs, Treasury Bills, Bonds)</b>		
\$ Amount	Current Rate	Maturity Date
1)		
2)		
3)		
4)		

  

<b>Stocks</b>				
Company	# of Shares	Cost	Market Value	Date Purchased
1)				
2)				
3)				
4)				
5)				

  

<b>Mutual Funds and/or Brokerage Accounts</b>				
Name	# of Shares	Cost	Market Value	Date Purchased
1)				
2)				
3)				
4)				
5)				
6)				

  

<b>Annuities</b>				
Company	Annuitant/ Owner	Interest Rate	Current Value	Date Purchased
1)				
2)				

  

<b>Other Assets (ie. Business Ownership, etc.)</b>		<b>Approximate Market Value</b>
1)		
2)		

**Part III: Retirement Accounts**

<b>Are you participating in an employer sponsored retirement plan? These include tax-deferred retirement plans such as 401(k) plans, 403(b) plans and 457 plans</b>				
Yes		No		
Plan Company	Plan Type	Approx. Value	% You Contribute	% Co. Contribute
You:				
1)				
2)				
3)				
Spouse/Partner:				
1)				
2)				
3)				
<b>Do you have money in a plan sponsored by a company you no longer work for?</b>				
Yes	No	Balance	When did you leave the company?	
Spouse:				
Yes	No	Balance	When did he/she leave the company?	
<b>Self Directed Retirement Plans</b>				
Are you participating in a retirement plan? These include 401(k)s, 403(b)s, IRAs, Roth IRAs, SEP-IRAs, SAR-SEP IRAs and Simple Plans.				
Institution Where Your Money Is	Plan Type	Approximate Value		
1)				
2)				
3)				
4)				
5)				
Spouse/Partner:				
1)				
2)				
3)				
4)				
5)				

**Part IV: Real Estate and Loans**

<p><b>Do you rent or own your home?</b>                  Monthly Mortgage Payment is:                  Monthly Rent is:                  Approximate value of primary home? \$                  less Mortgage Balance (            )                  less Home Equity Loans/Lines of Credit (            )                  Home Equity \$</p>					
<p><b>Do you own a second home?</b>    Yes    No                  Monthly Mortgage Payment is:                  Monthly Rent is:                  Approximate value of primary home? \$                  less Mortgage Balance (            )                  less Home Equity Loans/Lines of Credit (            )                  Home Equity \$</p>					
<p><b>Terms of Primary Mortgage</b>                  Type (Fixed or Variable):                  Inception Date:                  Principal Amount Borrowed:                  Number of Years:                  Interest Rate:</p>					
<p><b>Terms of Secondary Mortgage</b>                  Type (Fixed or Variable):                  Inception Date:                  Principal Amount Borrowed:                  Number of Years:                  Interest Rate:</p>					
<p><b>Other Loans (Home Equity/Line of Credit)</b>                  Type (Fixed or Variable):                  Inception Date:                  Principal Amount Borrowed:                  Number of Years:                  Interest Rate:</p>					
<p>Any other real estate owned?</p>					
<p><b>Other Debt (Credit Cards, Lines of Credit, Auto Loans etc)</b></p>					
Company	Current Balance	Account Number	Min. Payment Due	What You Pay	Are You Current? (Y/N)
1)					
2)					
3)					
4)					
5)					
6)					
<b>Total</b>	<b>\$</b>				

<b>Other Personal Loans</b> (From Banks, Finance Companies, Family Members, Friends etc.)					
Company	Current Balance	Account Number	Min. Payment Due	What You Pay	Are You Current? (Y/N)
1)					
2)					
3)					
Total	\$				

**Part V: Estate Planning**

1. **Estate Attorney**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Who is the legal representative of your Estate? \_\_\_\_\_

3. Do you have the following Legal Documents?

**Will or Living Trust**    Yes        No  
 Do you know where it is located?    Yes        No  
 Date it was last reviewed    \_\_\_\_\_

**Durable Power of Attorney**    Yes        No  
 Who has Power of Attorney (POA) over your affairs? \_\_\_\_\_  
 Is this power general or limited? \_\_\_\_\_  
 Do you and the person given this authority know where your original is?  
    Yes    No  
 Date it was last reviewed    \_\_\_\_\_

**Living Will**    Yes        No  
 Do you know where it is located?    Yes        No  
 Date it was last reviewed    \_\_\_\_\_

**Health Care Directive**        Yes        No  
 (also known as Health Care Proxy/Power of Attorney)  
 Do you and the person given this authority know where your original is?  
    Yes    No  
 Date it was last reviewed    \_\_\_\_\_

4. **Insurance**

Do you have insurance in place to protect your family?    Yes        No  
 What type of insurance? Life, Auto, Homeowners, Renters? (circle)

Life Insurance: (Whole Life, Variable, Term)				
Company	Type	Death Benefit	Cash Value	Annual Premium
1)				
2)				
3)				

**Part VI: Tax Planning**

- Do you have your taxes professionally prepared?    Yes    No
- Accountant**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
- What was your last year's taxable income?    \$ \_\_\_\_\_
- What do you expect your 2007 taxable income to be?    \$ \_\_\_\_\_

**Part VII: Cash Flow**

<b>Income</b>	<b>Monthly</b>	<b>Annually</b>
Employment (you)	_____	_____
Employment (spouse/partner)	_____	_____
Consulting Fees	_____	_____
Self employment	_____	_____
Rental Income	_____	_____
Social Security/Disability	_____	_____
Pension	_____	_____
Investments (interest/dividends)	_____	_____
<b>Estimated Expenses</b> (refer to <i>What You Really Spend Budget</i> Form)	_____	_____
<b>Net Cash Flow</b>	_____	_____

**Part VIII: Net Worth**

Assets (what you own)	\$ _____
Less Liabilities (what you owe)	( _____ )
Estimated Net Worth	\$ _____