



This information is used to serve you more effectively, and to help us understand where you are starting. To learn more, please see a SparkPoint staff member. All information you provide on this form will be kept confidential.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**SAVINGS AND ASSETS INFORMATION**

**Do you have any of the following accounts?**

*(Please check all that apply)*

	Total Balance
<input type="checkbox"/> Checking	\$ _____
<input type="checkbox"/> Cash savings	\$ _____
<input type="checkbox"/> Prepaid debit card	\$ _____
<input type="checkbox"/> Savings	\$ _____
<input type="checkbox"/> Stipend	\$ _____
<input type="checkbox"/> Individual Development Account (IDA)	\$ _____
<input type="checkbox"/> Retirement Account	\$ _____
<input type="checkbox"/> Investments	\$ _____
<input type="checkbox"/> Education Fund (self or your children)	\$ _____
<input type="checkbox"/> All Other _____	\$ _____

**Do you own a vehicle?**

Yes  No Estimated value \$ \_\_\_\_\_

**Do you own a home?**

Yes  No Estimated value \$ \_\_\_\_\_

**Total Savings** \$ \_\_\_\_\_

**DEBT INFORMATION**

*Please check all that apply. Then list the balance and minimum monthly payments due.*

<input type="checkbox"/>	Total Balance	Minimum Monthly Payment Due
<input type="checkbox"/> Credit Card Debt		
Credit Card #1 Name _____	\$ _____	\$ _____
Credit Card #2 Name _____	\$ _____	\$ _____
Credit Card #3 Name _____	\$ _____	\$ _____
Credit Card #4 Name _____	\$ _____	\$ _____
Credit Card #5 Name _____	\$ _____	\$ _____
<input type="checkbox"/> Personal Loan (friend, relative)	\$ _____	\$ _____
<input type="checkbox"/> Student Loans	\$ _____	\$ _____
<input type="checkbox"/> Mortgage	\$ _____	\$ _____
<input type="checkbox"/> Vehicle Loan	\$ _____	\$ _____
<input type="checkbox"/> Medical Debt	\$ _____	\$ _____
<input type="checkbox"/> Back Taxes	\$ _____	\$ _____
<input type="checkbox"/> Payday Lender	\$ _____	\$ _____
<input type="checkbox"/> Utilities Debt	\$ _____	\$ _____
<input type="checkbox"/> Child Support Owed	\$ _____	\$ _____
<input type="checkbox"/> Collections Debt	\$ _____	\$ _____
<input type="checkbox"/> All Other Debt _____	\$ _____	\$ _____

**Total Debt** \$ \_\_\_\_\_

## AVERAGE MONTHLY EXPENSES

Please fill in your monthly expenses for all fields. If you do not have expenses in that area, write 0.

### 1. HOUSING AND UTILITIES

Rent \$ \_\_\_\_\_  
 Phone \$ \_\_\_\_\_  
 Electricity/Gas \$ \_\_\_\_\_  
 Water/Sewer \$ \_\_\_\_\_  
 Cable/Internet \$ \_\_\_\_\_  
 Garbage/Waste Removal \$ \_\_\_\_\_  
 Maintenance and Repairs \$ \_\_\_\_\_  
 Home/Renters Insurance \$ \_\_\_\_\_  
 All Other Housing Costs \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 2. FOOD

Groceries \$ \_\_\_\_\_  
 Dining Out \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 3. TRANSPORTATION

Public Transportation/Taxi \$ \_\_\_\_\_  
 Auto Insurance \$ \_\_\_\_\_  
 Car Share or Rental \$ \_\_\_\_\_  
 Fuel \$ \_\_\_\_\_  
 Maintenance \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 4. MEDICAL/DENTAL COSTS

Prescriptions \$ \_\_\_\_\_  
 Health Insurance \$ \_\_\_\_\_  
 Out of Pocket \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 5. EDUCATION

Are you or your spouse in school?  Yes  No  
 Monthly Fees & Tuition \$ \_\_\_\_\_  
 Monthly School Supplies \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 6. CHILDREN

Child Care \$ \_\_\_\_\_  
 Children School Tuition \$ \_\_\_\_\_  
 Children School Supplies \$ \_\_\_\_\_  
 Children Clothing \$ \_\_\_\_\_  
 Children Toys/Games \$ \_\_\_\_\_  
 Child Support Cost \$ \_\_\_\_\_  
 All Children Other Costs \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 7. OTHER EXPENSES

Legal \$ \_\_\_\_\_  
 Donations \$ \_\_\_\_\_  
 Pet Costs \$ \_\_\_\_\_  
 Entertainment \$ \_\_\_\_\_  
 Personal Care Cost (clothing, hair) \$ \_\_\_\_\_  
 Remittance (money you send home) \$ \_\_\_\_\_  
 Miscellaneous Costs \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 8. TAXES PAID MONTHLY (FROM PAY STUB)

Federal taxes \$ \_\_\_\_\_  
 State taxes \$ \_\_\_\_\_  
 Local taxes \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

Sum of Expenses Subtotals \$ \_\_\_\_\_

Total Min Monthly Payments \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

## CREDIT SCORE INFORMATION (OPTIONAL)

### Do you know your credit score from Equifax? (FICO score)

Yes, score is \_\_\_\_\_  I don't have enough credit history to have a score  I don't know my score

### Do you know your credit score from Experian? (FICO score)

Yes, score is \_\_\_\_\_  I don't have enough credit history to have a score  I don't know my score

### Do you know your credit score from TransUnion? (FICO score)

Yes, score is \_\_\_\_\_  I don't have enough credit history to have a score  I don't know my score

**For Sparkpoint Staff Only:** Initials \_\_\_\_\_ Date \_\_\_\_\_