



## From Debt to Savings Workshop Homework

Please complete and bring this questionnaire along with your most recent (year to date) pay stubs and latest tax return. **It will be difficult to realize the full benefits of this workshop without taking the necessary time and effort to fully complete this worksheet prior to attending.**

<b>CLIENT NAME 1:</b> _____ Home Address: _____ City, State, Zip: _____ Client 1 Cell Phone: _____ Client 1 Work Phone: _____ Birthdate: _____ E-mail: _____ Send E-newsletter here <input type="checkbox"/>	<b>CLIENT NAME 2:</b> _____ Home Phone: _____ Anniversary date: _____ Client 2 Cell Phone: _____ Client 2 Work Phone: _____ Birthdate: _____ E-mail: _____ Send E-newsletter here <input type="checkbox"/>
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Primary Contact Person during business hours? \_\_\_\_\_

Contact me by (circle one)  
E-mail or Phone \_\_\_\_\_

<u>ITEM</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
<b>WAGES</b>		
Net Take Home Pay (Client 1)	_____	_____
Net Take Home Pay (Client 2)	_____	_____
Subtotal:	_____	_____
<b>SELF EMPLOYMENT INCOME</b>		
Net Income (Client 1)	_____	_____
Net Income (Client 2)	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<b>OTHER INCOME</b>		
Gifts Received	_____	_____
Interest	_____	_____
Dividends	_____	_____
Alimony (received)	_____	_____
Child Support (received)	_____	_____
Social Security/Pension	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

<u>ITEM</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
<b>HOUSING</b>		
House payment	_____	_____
Rent payment	_____	_____
Lease payment (not mortgage)	_____	_____
Property improvements	_____	_____
Home association dues	_____	_____
Household incidentals (supplies)	_____	_____
Household furnishings	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
 <b>FOOD</b>		
Groceries	_____	_____
Dining out	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
 <b>CLOTHING</b>		
Clothing	_____	_____
Dry cleaning	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
 <b>PERSONAL CARE</b>		
(hair styling, etc.)	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
 <b>AUTOMOBILE</b>		
Monthly payment	_____	_____
Operating expenses (gas, oil, etc.)	_____	_____
Maintenance	_____	_____
Lease payment	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
 <b>PROPERTY TAX</b>		
Automobile	_____	_____
House	_____	_____
Boat	_____	_____
Trailer	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

<u>ITEM</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
<b>UTILITIES</b>		
Telephone	_____	_____
Cellular Phone	_____	_____
Water	_____	_____
Electric	_____	_____
Gas	_____	_____
Trash removal	_____	_____
Cable	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<b>ENTERTAINMENT</b>		
Books	_____	_____
Newspaper	_____	_____
Movies (theatre, video, plays, etc.)	_____	_____
Club dues (golf, music, etc.)	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<b>PROFESSIONAL EXPENSES</b>		
Travel	_____	_____
Vehicle rental	_____	_____
Parking	_____	_____
Lodging	_____	_____
Meals	_____	_____
Entertainment	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____
<b>ALIMONY (paid)</b>		
	_____	_____
Subtotal:	_____	_____
<b>CHILD SUPPORT (paid)</b>		
	_____	_____
Subtotal:	_____	_____
<b>CHILD CARE</b>		
Daycare	_____	_____
Domestic help (babysitter)	_____	_____
Other: _____	_____	_____
Subtotal:	_____	_____

**ITEM**

**MONTHLY**

**ANNUAL**

**GIFTS**

Birthdays

Christmas

Anniversaries

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Subtotal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHARITABLE CONTRIBUTIONS**

(Churches, schools, etc.)

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Subtotal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL EXPENSES**

Doctor visit co-pay

Prescription co-pay

Dental care

Vision care

Other: \_\_\_\_\_

Subtotal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE**

Health

Automobile

Homeowners

Renters

Life

Umbrella liability

Professional liability

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Subtotal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Credit Cards</b>	<u>Interest Rate*</u>	<u>Minimum Payment</u>	<u>Average Payment</u>	<u>Current Balance</u>
_____	_____ %	_____	_____	_____
_____	_____ %	_____	_____	_____
_____	_____ %	_____	_____	_____
_____	_____ %	_____	_____	_____
_____	_____ %	_____	_____	_____
_____	_____ %	_____	_____	_____

\*If not paid in full each month

