Client Profile

Good $ense Ministry

Number ______________________________

Date Mailed ______________________________

Date Received ______________________________

Date Counselor Assigned ______________________________

Name of Counselor ______________________________

Counseling Completed ______________________________

NAME ______________________________ AGE __________

MARITAL STATUS ______________________________

SPOUSE'S NAME ______________________________

ADDRESS ______________________________

CITY ______________________________ ZIP __________

HOME PHONE ( ) ______________________________

WORK PHONE ( ) ______________________________

NATURE OF EMPLOYMENT:

SELF ______________________________

SPOUSE ______________________________

NAME(S)/AGE(S) OF CHILDREN ______________________________

____

____

____

WHAT I OWN

Checking Accounts	________________
Savings Account	________________
Other Savings	________________
Insurance (cash value)	________________
Retirement Funds	________________
Home (market value)	________________
Auto (age_____ make______________)	________________
Auto (age_____ make______________)	________________
Other Possessions (estimate)	________________
Money Owed to Me	________________
Other	________________
Other	________________

WHAT I OWE

	Total Owed	Min. Mo. Payment	Interest	Other	Total Owed	Min. Mo. Payment	Interest
Mortgage (current bal.)	$__________	_______	_____%	_________________	$__________	_______	_____%
Home Equity Loan	__________	_______	_____%	_________________	__________	_______	_____%
Credit Cards:	__________	_______	_____%	_________________	__________	_______	_____%
_________________	__________	_______	_____%	_________________	__________	_______	_____%
_________________	__________	_______	_____%	_________________	__________	_______	_____%
_________________	__________	_______	_____%	_________________	__________	_______	_____%
_________________	__________	_______	_____%	_________________	__________	_______	_____%
Car Loans	__________	_______	_____%	_________________	__________	_______	_____%
Education Loans	__________	_______	_____%	_________________	__________	_______	_____%
Family/Friends	__________	_______	_____%	_________________	__________	_______	_____%

WHAT I MAKE

Use take-home pay figures (the amount of the check):

Job #1 $____________ ☐ weekly ☐ every other week ☐ monthly ☐ twice a month

Job #2 $____________ ☐ weekly ☐ every other week ☐ monthly ☐ twice a month

My spouse gets a check for:

Job #1 $____________ ☐ weekly ☐ every other week ☐ monthly ☐ twice a month

Job #2 $____________ ☐ weekly ☐ every other week ☐ monthly ☐ twice a month

Other Income (explain)____

Total Monthly Income______________________________

WHAT I SPEND

EARNINGS/INCOME PER MONTH

Salary #1 (net take-home) ____________
Salary #2 (net take-home) ____________
Other (less taxes) ____________
TOTAL MONTHLY INCOME: [ ]

GIVING

Church ____________
Other Contrib. ____________
TOTAL GIVING [ ]

SAVINGS ____________
TOTAL SAVINGS [ ]

DEBT

CREDIT CARDS
- Visa ____________
- Master Card ____________
- Discover ____________
- Am. Express ____________
- Gas Cards ____________
- Dept. Stores ____________

EDUCATION LOANS ____________
OTHER LOANS:
- Bank Loans ____________
- Credit Union ____________
- Family/Friends ____________
- Other ____________

TOTAL DEBT [ ]

HOUSING

MORTGAGE/TAXES/RENT ____________
MAINTENANCE/REPAIRS ____________
UTILITIES:
- Electric ____________
- Gas ____________
- Water ____________
- Trash ____________
- Telephone/Internet ____________
- Cable TV ____________

OTHER ____________
TOTAL HOUSING [ ]

AUTO/TRANSPORTATION

CAR PAYMTS./LICENSE ____________
GAS/BUS/TRAIN/PKING. ____________
OIL/LUBE/MAINT. ____________
TOTAL AUTO [ ]

INSURANCE (paid by you**)**

AUTO ____________
HOMEOWNERS ____________
LIFE ____________
MEDICAL/DENTAL ____________
OTHER: ____________
TOTAL INSURANCE [ ]

HOUSEHOLD/PERSONAL

GROCERIES ____________
CLOTHES/DRYCLEANING ____________
GIFTS ____________
HOUSEHOLD ITEMS ____________
PERSONAL
- Liquor/Tobacco ____________
- Cosmetics ____________
- Barber/Beauty ____________

OTHER
- Books/Magazines ____________
- Allowances ____________
- Music Lessons ____________
- Personal Technology ____________
- Education ____________
- Miscellaneous ____________

TOTAL HOUSEHOLD [ ]

ENTERTAINMENT

GOING OUT:
- Meals ____________
- Movies/Events ____________
- Babysitting ____________

TRAVEL (VAC./TRIPS) ____________
OTHER:
- Fitness/Sports ____________
- Hobbies ____________
- Media Rental ____________
- Other ____________

TOTAL ENTERTAINMENT [ ]

PROFESSIONAL SERVICES

CHILD CARE ____________
MED./DENTAL/PRESCRIP. ____________
OTHER:
- Legal ____________
- Counseling ____________
- Union/Prof. Dues ____________
- Other ____________

TOTAL PROFESSIONAL [ ]

MISC. SMALL CASH EXPENSES [ ]

TOTAL EXPENSES ____________

TOTAL MONTHLY INCOME	$____________
LESS TOTAL EXPENSES	$____________
INCOME OVER/(UNDER) EXPENSES	$____________

REQUEST

How can the Good $ense Ministry help you? ____________________

____

____

____

What steps are you taking to improve your present situation? ____________________

____

____

____

____

____

____

Have you ever seen a financial planner/advisor? ❑ Yes ❑ No If yes, who? ____________________

How were you helped? ____________________

____

____

____

AGREEMENT

MY (OUR) AGREEMENT WITH ____________________

I (we) hereby make the commitment to actively participate with the Good $ense Ministry in seeking a resolution to the issues that brought me (us) to this place.

I (we) understand that Good $ense will attempt to assist me (us) in developing a plan, and that the consultant or volunteer agents do not make any representations or warranties with respect to the results of its services or its ability to help me (us) with my (our) credit/financial management.

I (we) understand that Good $ense is being offered to me (us) without charge or obligation, and that the people in Good $ense are volunteers who are donating their time to people requesting their assistance. Good $ense personnel have pledged to not benefit monetarily in any way as a result of their involvement in the ministry and are thereby prohibited from selling any services or products to persons who seek their counsel.

I (we) further agree to indemnify and hold harmless all volunteers of the Good $ense Ministry, the sponsor church and its employees, agents, counselors, officers, and directors from any claim, suit, action, demand or liability of any kind and any nature arising out of, or in any manner connected with, my (our) participation in Good $ense.

X ____________________ Date ____________________

X ____________________ Date ____________________

(If married, both spouses should sign.)

TIPS FOR FILLING OUT YOUR CLIENT PROFILE

The information on your Client Profile is confidential. Please fill it out as completely and accurately as possible. The information will be used by you and your counselor to develop a budget and debt retirement plan.

Please return the Client Profile as soon as possible.

WHAT I OWN

Fill in the blanks as requested. For "Other Possessions," simply estimate the market value of your major assets. If you had to sell everything, what would you be able to get?

WHAT I OWE

What liabilities do you have? To whom do you owe money and how much? What interest rate are you paying on each debt? Include the minimum monthly payment on each debt.

WHAT I MAKE

The income figures should be those which you *take home* after taxes and other deductions. Make a note of any deductions other than taxes (such as medical insurance, retirement, etc.). Where those items occur under expenses, enter an asterisk with the footnote "payroll deduction." If your income varies from month to month, use a conservative monthly average based on the last two or three years' earnings. Referring back to your income tax records could be helpful in that determination. Remember, you want to note after-tax, take-home income.

WHAT I SPEND

Gather as much information as you can to determine a *monthly average* for expenses in each category. Going through your check book register for the past year will probably be helpful. Be sure to include such items as auto insurance, property taxes, etc., that may not be paid on a monthly basis. If you've not kept records in the past, some of the categories may be difficult to estimate. Give it your best shot, recognizing that if you don't have records showing how much you're spending in a particular area, it's probably more than you think!

If what you are spending adds up to more than your take-home income, changes will need to be made. Your counselor will help clarify your options. Some changes may not be easy to make, but when done with a willing spirit, God will be pleased and will help! We look forward to working with you.

The Good $ense Ministry