

# **Client Information**

Do you live with a person with whom you share financial responsibility (such as a spouse or long-term partner)?

Legal Name (Client's Partner)  Client's Partner			
Client Partner Name			
First Name:	Last Name:		
Birthdate (Enter in this format: MM,	/DD/YYYY):		_
Phone:	Phone Type:	Cell	
		Work	
		Home	
		Othor	
		Other	
Pirthdata (Enter in this format, MM/DI	OMMM (Client)		
Birthdate (Enter in this format: MM/DE Phone (Client):			 Home

Home A	ddress (Client)			
Address	Line 1:			-
Address	Line 2:			_
City:				
State:	Armed Forces America	Kansas	Ohio	
	Armed Forces	Kentucky	Oklahoma	
	Armed Forces Pacific	Louisiana	Oregon	
	Alabama	Maine	Pennsylvania	
	Alaska	Maryland	Puerto Rico	
	Arizona	Massachusetts	Rhode Island	
	Arkansas	Michigan	South Carolina	
	California	Minnesota	South Dakota	
	Colorado	Mississippi	Tennessee	
	Connecticut	Missouri	Texas	
	District of Columbia	Montana	Utah	
	Delaware	Nebraska	Vermont	
	Florida	New Hampshire	Virgin islands	
	Georgia	New Jersey	Virginia	
	Guam	New Mexico	Washington	
	Hawaii	New York	West Virginia	
	Idaho	Nevada	Wisconsin	
	Illinois	North Carolina	Wyoming	
	Indiana	North Dakota		
	Iowa			

Zip code: \_\_\_\_\_

Do you take care of anyone financially (such as child, sibling, elder parent, etc.)?

Yes	
No	? 1.B
	Dependent(s):
	Name (First Last):
	Relationship (Child, Sibling, Parent, etc.):
	Birthdate:

## FINANCIAL GOALS & OBJECTIVES

#### How You Want to Live

Which choice below describes best how you want to live financially? Please select one of the following: (Where I want to be)

GETTING BY – having some money saved, low debt and a steady income source.

COMFORTABLE – having a few years of money saved, no non-asset-backed debt and a steady source of income.

COMFORTABLE – having a few years of money saved, no non-asset-backed debt and a steady source of income.

FRUGALLY SECURE – on track to meet long-term retirement needs and being able to take care of loved ones.

SECURE – on track to meet long-term retirement needs and being able to take care of loved ones while having free time to experience life.

WEALTHY – having enough money to live the lifestyle I desire while securing my and my family's future.

#### Your Priority Financial and Lifestyle Goals

What are your priority financial and lifestyle goals?

Short-Term Goals - Next 12 months

Mid-Term Goals - Next 2-10 years

Long-Term Goals - Next 10-20 years **Your Challenges** What are some of the main challenges you are experiencing that you would like us to address? Primary Challenges (Any other problems or challenges I should be aware of? Examples: Late on payments, headed toward foreclosure, unable to cover bills, balloon loan payments due, etc. If so, please describe below:) Additional Challenges

### **Your Financial Coaching Program Goals**

What do you hope to achieve by joining this coaching program? Select as many as apply from the list below: (Program Goals)

Get a detailed personal financial report and plan.

Gain knowledge on personal financial topics.

Receive support, guidance & direction.

Receive accountability partner type support.

Establish systems & process to manage finances successfully.

Other - Describe Below:

Other Goals Description (If you selected "other" above, describe what you hope to achieve here.)