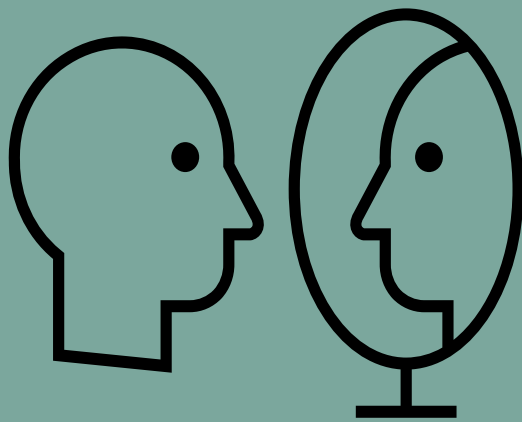


From Hardship to Hope

Financial Wellness Self-Assessment



The purpose of this self-assessment is to help you think about what financial wellness means to you, identify your biggest financial stressors, and begin to think about your personal goals or priorities. This tool is for you, but sharing with your Peer Facilitator what you find out may help you clarify your concerns, goals and priorities.

We encourage you to fill this out at your own pace. Thinking about financial issues can be overwhelming. Remember that you are not alone in this. Reach out to your Peer Facilitator or someone you trust if you feel stuck or need support.

My Income and Ability to Meet My Needs

DO YOU RECEIVE INCOME FROM ANY OF THE FOLLOW SOURCES?

MARK AN "X"
NEXT TO YOUR
MAIN SOURCE OF
INCOME:

Salary, Wages, or Tips (for paid work)	Yes	No	
Supplemental security income (SSI)	Yes	No	
Social security disability insurance (SSDI)	Yes	No	
Public assistance (temporary assistance for needy families; TANF)	Yes	No	
Unemployment insurance or worker's compensation	Yes	No	
Child support or alimony	Yes	No	
Financial support from a relative/someone not in your household	Yes	No	
Other: _____	Yes	No	

Did you currently do any work for pay? (This includes any work you might have done in your own business or military service for pay.)

Yes No

In the last month, on average how many hours per week did you work?

In the last three months, how often did you run out of money between paychecks or before the end of the month?

1. Often
2. Sometimes
3. Never

In a typical month, how difficult is it for you to cover your expenses and pay all of your bills?

1. Not difficult at all
2. Somewhat difficult
3. Very difficult

In a typical week, how often do you worry about money?

1. Often
2. Sometimes
3. Rarely
4. Never

How confident do you feel **that one day you could make enough money** to meet your needs and pay your bills every month?

1. Completely unconfident
2. Somewhat unconfident
3. Neither unconfident not confident
4. Somewhat confident
5. Completely confident

Tax Credits

In the past year, have you or anyone in your household received Earned Income Tax Credit or Child Tax Credit?

Yes No Don't Know/Unsure

Housing and Utilities

Do you currently rent or own the place that you are currently living in?

Rent Own Other

In the past year, have you received public housing or governmental rental assistance such as section 8?

Yes No

On average, what percentage of your monthly income is your rent or mortgage contribution? *Please fill in the basic formula below to help you calculate your answer. (For example, if your rent is \$500 per month, and you bring in \$1,000 every month, your rent would be $500/1,000 = 0.5 \times 100 = 50\%$ of your monthly income)*

BASIC FORMULA:

Monthly rent/mortgage → _____ ÷ _____ x 100 = _____%

Monthly income → _____

In the past three months, did you not pay the full amount of rent or mortgage because there wasn't enough money?

Yes No

In the past three months, did you not pay the full amount of your phone, gas, oil, or electricity bill because there wasn't enough money?

Yes No

Food Security & Health

In the past three months, how often was this true?	Often true	Sometimes true	Never true
I worried my food would run out before I got money to buy more			
The food I bought just didn't last and I didn't have money to get more			
I cut the size of my meals or skipped meals because I didn't have enough food			

In the past three months, did you or your partner receive SNAP (supplemental nutrition assistance program) or WIC (Women, Infants, and Children Nutritional Program) assistance

Yes Yes, but no longer receive No

In the past three months, how often have you or another member in your household received free food from a church, food pantry or food bank?

1. Weekly
2. Several times a month
3. Once a month
4. Once or twice in the past three months

Health and Wellbeing

Do you currently have health insurance [including employment-based, private insurance, Medicaid, State Children’s Health Insurance Program, Child or Family Health Plus, or any other government programs that pay for medical care?

Yes No

In the last three months, was there a time when you or anyone else in your household needed to see a doctor, dentist, fill a prescription, or go to the hospital but couldn’t due to the cost associated?

Yes No

Do you feel like you have a disability or condition that prevents you from working or which limits the kind or amount of work you can do?

Yes No

Transport & Childcare

Do you or your spouse/partner use any of the following types of childcare:

- Pre-kindergarten
- Head Start
- Preschool/nursery school/daycare program
- Family daycare/paid day care
- Free care with a relative
- Don’t use any childcare
- Other: _____

In the past three months, have any of your or your spouse/partner’s children received any reduced/free lunch?

Yes No N/a

On average what percentage of your monthly income do you spend on transportation per month? (bus, subway, train, gas, parking, and tolls)?

_____ %

Have you ever had any issues in the past with getting to work because you didn’t have reliable transportation?

Yes No

Financial Services

Do you currently have any of the following financial accounts?

Checking Savings ABLE account

In the past year, have you used any of the following?

[Circle Each that Applies]

- Pre-paid debit cards
- Check cashing stores
- Payday loans
- Rent-to-own store
- Pawn shops

Debt Management

What type of debts do you currently have? [Circle Each that Applies]

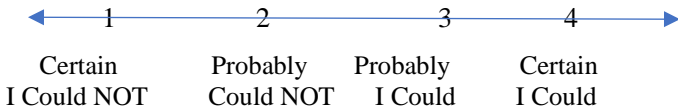
- Medical debts (doctor/pharmacy)
- Credit card debts
- Utility debts
- Student loans
- Judgement/ wage garnishment
- Other: _____
- I currently don't have any debts

How strongly do you agree or disagree with the following statement: "I have too much debt right now"

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly disagree

Savings & Assets

How confident are you that you could come up with \$500 if an expected need arose within the next month? [Circle]



If your income stopped today, how long would you be able to pay for your basic needs and expenses?

_____ (number of weeks)
 _____ (number of months)

In the past 12 months have you been (personally) saving money in any of the following ways, whether or not you still have the money? [Circle]

1. Saving cash at home or in my wallet
2. Building up a balance of money in my bank account
3. Depositing money into my savings account
4. Giving money to family to save for me
5. In some other way: _____
6. I have not been actively saving

If you are currently tracking your spending/money, how do you do it? (select all that apply)

- Pen and paper
- Mobile app
- Online banking services
- Computer software
- Spreadsheet
- Other? _____

Support & Service Utilization

From Hardship to Hope can provide support for you to accomplish financial wellness. Which specific areas would you like to receive the most support?

Type of Support	Circle	
	Y	N
Developing a personal budget	Y	N
Developing a plan to achieve my financial wellness plan	Y	N
Getting connected to a financial counselor who can give me professional advice	Y	N
Better meeting my housing needs (e.g., pay rent, stable housing)	Y	N
Preventing or recovering from eviction or foreclosure	Y	N
Better meeting my food needs	Y	N
Better meet my health care needs	Y	N
Repaying my debts	Y	N
Dealing with debt collection (i.e., debt collector calls or wage garnishment)	Y	N
Preventing or recovering from bankruptcy	Y	N
Improving my credit score	Y	N
Accessing tax credits that I may be eligible for	Y	N
Answering questions about banking (i.e., opening a bank account, changing banks, etc.)	Y	N
Saving for a rainy day	Y	N
Saving for my personal goals	Y	N
Feeling less embarrassed about my financial situation	Y	N
Feeling more hopeful about my financial situation	Y	N
Other (please specify) _____		