

## Financial Health Assessment

Date: \_\_\_\_\_ Client Name: \_\_\_\_\_

### A. Banking

1. Do you have a bank account?

- No                       Yes (check all that apply)  
 saving     checking

### B. Using Bank Account

2. Do you check your account balance?                       No                       Yes  
3. Do you use online banking?                                       No                       Yes  
4. Do you have direct deposit?                                       No                       Yes  
5. Do you use ATM/Debit card?                                       No                       Yes  
6. Do you use Check-cashers?                                       No                       Yes  
7. Have you used this account in the last 6 months?                       No                       Yes

### C. Saving

8. Do you save regularly?

- No , I never save  
 No , only when I have money  
 Yes , weekly  
 Yes, biweekly  
 Yes , monthly

9. Do you have any savings?

- No                       Yes - How much \$ \_\_\_\_\_

8.1 Where do you save? check all

- Credit Union/Bank  
 Cash under the mattress/at home  
 Locked-in pension/trust

10. Do you use automatic deposit to save money?

- No                       Yes

### D. Credit

11. When was the last time you saw your credit report?

- Never saw it                       1-6 months                       More than 6 months ago

12. Do you know what your credit score is?                       No                       Yes

12.1 Credit Score: \_\_\_\_\_

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**E. Debts**

13. Do you have any debt?

- No       Yes       Do not Know

**What types of debt do you have? Check all that apply:**

- Credit cards
- Student loans
- Taxes
- Family Responsibility Office
- Overpayments/Debt with Gov
- Mortgage
- Other bank loans
- Overdue rental payment
- Past due bills
- Informal loans (ie. loan shark)
- Friend/Family
- Other \_\_\_\_\_

14. Do you use any of the following? Check all that apply:

- Payday Loans
- Rent-to-own
- Pawn shops

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**F. Incomes, Taxes & Benefits**

15. What is your annual net income \$\_\_\_\_\_

16. What are your current sources of income? Check all that apply:

- Wages/salary
- Family and Friends
- Spousal income
- Ontario Works
- ODSP
- Workers Compensation
- Long-term Disability Insurance
- Employment Insurance
- HST/GST credit
- Child Tax Benefits
- Ontario Trillium Benefits
- Canada pension/other pension
- Other \_\_\_\_\_

**17. What is your primary employment status? Check ONE:**

- Employed Full- time
- Employed Part-time
- Self- employed
- On disability
- Retired
- Student
- Seeking employment

**18. Did you file your tax return last year?  No  Yes**
**19. Did you get any tax refund?  No  Yes  I don't know**

18.1 If yes, how much? \_\_\_\_\_

**20. How did you file last year? Check ONE:**

- Online
- By mail
- Got help for a fee / H&R Block or other tax prep company
- Volunteer clinic

**21. Did you get your refund instantly?  No  Yes**


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**G. Your Goals**
**22. Which of the following are long-term goals you would like to work towards? Check all that apply:**

- Employment
- Education
- Health
- Retirement/savings
- Improve Housing
- Self-employment/own a business

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**H. Confidence**
**23. Tell us how you feel about managing money:**

- |   |                                |                                 |                                    |                                  |                                 |
|---|--------------------------------|---------------------------------|------------------------------------|----------------------------------|---------------------------------|
| Confident in managing money   | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Usually | <input type="checkbox"/> Always |
| Comfortable in getting help   | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Usually | <input type="checkbox"/> Always |
| In case of emergency, I know how I would get the money to solve it. | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Usually | <input type="checkbox"/> Always |
| I pay my bills on time  | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Usually | <input type="checkbox"/> Always |