



Client Name: _____
 Client Email/Phone: _____
 Date of Financial Action Plan: _____

LEDC FINANCIAL ACTION PLAN

Step One. Check In - Understanding your financial picture

1. Who in your household manages paying bills and keeping track of spending?		
<input type="checkbox"/> You <input type="checkbox"/> Someone else <input type="checkbox"/> You and someone else share the responsibility <input type="checkbox"/> Other arrangement		
2. Do you currently have (a/an):	Yes	No
Checking account		
Savings account		
Retirement account		
Emergency savings account (with 3 months or more of savings)		
Written Budget		
Debt repayment plan (<input type="checkbox"/> N/A; I do not have any debt)		
Health Insurance		
Homeowner's or renter's insurance		
Life Insurance policy		
Investment Portfolio: Stocks, Bonds, Mutual Funds		
Written Financial Plan with SHORT-term goals (to be achieved within next 5 years) for your household		
Written Financial Plan with LONG-term goals (to be achieved beyond 5 years) for your household		
Written Will		
College savings account for child(ren) (<input type="checkbox"/> N/A; I do not have any children)		

3. How often do you do the following?	I don't do this	Daily or Weekly Basis	Bi-Weekly Basis	Monthly Basis	Every 2 or more Months
Refer to your budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review or write down where your money is spent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Update your budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set aside money for savings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please rate the following statements from "Mostly NOT True" to "Mostly True"	Mostly NOT True		Mostly True		
	1	2	3	4	5
When looking for new financial products (credit cards, loans, insurance, investment accounts) I always make sure I compare my options	1	2	3	4	5
My household's spending is always less than my household's income	1	2	3	4	5
I regularly discuss financial goals with my partner/spouse	1	2	3	4	5
	<input type="checkbox"/> N/A; I do not have partner/spouse				
I check my credit report at least once a year	1	2	3	4	5

5. Overall, in thinking of your savings, debt, and investments, how satisfied are you with your current financial condition?

Not satisfied at all Very Satisfied
 0 1 2 3 4 5 6 7 8 9 10

6. LEDC can help you with (check all that apply to you)...

Financial Capability	Affordable Housing Preservation	Homeownership and Foreclosure	Small Business Development	Advocacy
<input type="checkbox"/> Increasing financial knowledge <input type="checkbox"/> Improving Credit <input type="checkbox"/> Increasing Savings Ability <input type="checkbox"/> Reducing Debt <input type="checkbox"/> Better Budgeting Practices	<input type="checkbox"/> Maintaining affordability of my building <input type="checkbox"/> Create a tenant association in my building <input type="checkbox"/> Learn about my rights as a renter, owner	<input type="checkbox"/> Purchasing First Home <input type="checkbox"/> Preventing Foreclosure <input type="checkbox"/> Loan Modifications <input type="checkbox"/> Understanding my Options	<input type="checkbox"/> Start Up <input type="checkbox"/> Expansion <input type="checkbox"/> Business Plan Development <input type="checkbox"/> Technical Skills <input type="checkbox"/> Becoming Loan Ready	<input type="checkbox"/> Learning how to be civically engaged <input type="checkbox"/> Learning to testify about issues affecting my community <input type="checkbox"/> Developing my leadership skills

7. Have you ever taken classes/courses/trainings/workshops or received services from LEDC or elsewhere about your PERSONAL finances? Yes No

Step Two: Vision - Defining my long-term goals

What does your ideal financial picture look like in the future?

Step Three: Next Steps - Becoming Financially Capable Today

What can you begin to do today to improve your financial health or satisfaction?

Please list your **Next Steps** below:

1.

2.

3.

...

At LEDC/With LEDC staff:

I reviewed my credit report and scores

I made a personal budget

Client Signature: _____

LEDC Staff Name: _____

Date: _____