

Step 1 – Describe Your Current Financial Situation & Goals

Please describe your current financial situation...

Set goals...

Goals shape your spending plan. Therefore, the first step in every successful plan is to make a list of what you want and when you want it. Make sure your goals are realistic and attainable. Use the following tips to create effective goals:

- ∞ Be specific—What do you want?
- ∞ Set a deadline—When do you want it?
- ∞ Follow up the goal—How will you hold yourself accountable?

Short Term Goals (Up to 2 years)	Target Date
Medium Term Goals (3 to 5 Years)	Target Date
Long Term Goals (6 or more years)	Target Date

Keep a spending diary...

In order to reach your goals, you need to examine how you are currently spending your money. The best way to find out where your money goes is to track your expenses for at least one month. We suggest keeping a “Spending Diary.” This entails recording the date, item and amount of every purchase you make (cash, check, debit, or charge). If you are in a hurry, keep the receipts and record those purchases that night or the next morning. Record all cash withdrawals as the money is spent. You should never list just “cash.” As you track, if there is an item or pattern you want to change, circle or highlight it, and begin to change that habit. If you are working with a financial counselor, they will assist you with this process.

Remember, use the spending diary as a tool to reach your goals.

Step 2 – Please Tell Us About:

Yourself...				
NAME		ACCOUNT NUMBER		
STREET ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE	WORK PHONE	CELLULAR PHONE	PAGER #	
EMAIL ADDRESS	DATE OF BIRTH	NUMBER OF DEPENDENTS	AGES OF DEPENDENTS	
NAME OF EMPLOYER		LENGTH OF EMPLOYMENT YRS MOS	JOB TITLE	
MONTHLY TAKE HOME PAY \$	DATE LAST PAID	PAID <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	ADDITIONAL INCOME	SOURCE OF ADDITIONAL INCOME
Your partner...				
NAME		ACCOUNT NUMBER		
NAME OF EMPLOYER		LENGTH OF EMPLOYMENT YRS MOS	JOB TITLE	
MONTHLY TAKE HOME PAY \$	DATE LAST PAID	PAID <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly	ADDITIONAL INCOME	SOURCE OF ADDITIONAL INCOME
Your assets...				
Total in savings accounts:	\$	Automobile – Year: Make:		\$
Total in checking accounts:	\$	Automobile – Year: Make:		\$
Value of your home::	\$	RV – Year: Make:		\$
Year Financed ____ %Rate ____		401K account balance		\$
Balance on 1 st mortgage	\$	Loan against 401K		\$
Balance on 2 nd mortgage	\$	Other:		\$
Authorization				
<p><i>In the course of Clearview Federal Credit Union providing Financial Education & Counseling services, it may be necessary for the counselor to discuss my financial information with other Credit Union department employees, other financial institutions or creditors and/or to obtain credit reports to better assist me. I consent to the above for the purpose of obtaining any and all pertinent information necessary for establishing a repayment plan for my debt.</i></p>				
MEMBER'S SIGNATURE		DATE	PARTNER'S SIGNATURE	

Step 3 - Basic Monthly Expenses

List monthly expenses and their due date. Expenses that do not occur monthly will be included in Step 4.

Expense	Due Date*	Monthly Payment	Adj. Pymt
Savings Account			
Savings Account			
IRA Contributions			
Investments			
Housing			
Rent/Mortgage			
Condo Fees/Lot Rent			
Storage Fees			
Electricity			
Gas or Oil Heat			
Water			
Sewage			
Garbage			
Telephone (home bill)			
Long Distance Service			
Cell Phone/pager			
Internet Expenses			
Security System			
Cable TV			
Living Expenses	***IMP-see below		
Food:			
Groceries			
Lunches (work and school)			
Snacks/Pop/Etc.			
Transportation:			
Gasoline			
Car Pool or Bus fare			
Parking/Tolls/Etc.			
Insurance:			
Life Insurance			
Auto Insurance (if paid monthly)			
Health Insurance (if paid monthly)			
Health Care:			
RX/vitamins			
Counseling Fees			
Monthly doctor visits			
SUBTOTAL	\$	\$	

Expense	Due Date*	Monthly Payment	Adj. Pymt
Dependent Care:			
Day Care			
Child Support			
Education:			
Tuition			
Books/Supplies			
Entrance/application fees			
Clothing:			
Clothing			
Accessories			
Dry Cleaning/Laundry			
Personal:			
Postage/Film			
Hair Salon/Barber Shop			
Nails/Tanning			
Toiletries/Cosmetics			
Health Club			
Books/Tapes/CDs			
Household Supplies			
Cigarettes/Tobacco			
Pet food/care			
Housekeeper/window or lawn service			
Checking/ATM Fees			
Contributions:			
Charity			
Religious			
Club/Union Dues			
Entertainment:			
Allowance			
Sports/hobbies			
Movies/Plays/Concerts			
Meals Out/Delivered Goods			
Alcohol/night clubs/etc			
Video rentals			
Lottery tickets			
SUBTOTAL	\$	\$	
TOTAL BASIC EXPENSES	\$	\$	

* Circle due date if past due.

*** Complete 'Living Expenses' section only after tracking 30 days in spending diary.

