

FFI Assessment Form

Clergy name _____ Position _____

Address _____ Phone _____

E-mail _____ Date of Birth _____ Cell Phone _____

Church Employer _____ Date Hired _____ Years in Ministry _____

Secondary Employment, if any _____

College and Seminary Study/Degrees _____

Previous Financial/Economic Education _____

Recent Readings and Training in Economics, Finance or Stewardship _____

Have you utilized the services of a financial consultant, advisor or financial planner? _____

About the Ministerial Excellence Award Fund

What grant award need area do you most qualify for?

Assistance with college/seminary expenses or debt

Assistance with children medical or educational expenses

Assistance with extraordinary expenses, emergency relief or debt relief

Assistance with providing adequate health insurance or retirement planning

Explain in detail the above need:

Confidential Economic Survey – This will help us help you.

Spouse Name _____ Vocation _____ Email _____

Do you utilize a family budget? Yes Sometimes Not Really

How demanding/stressful is your family economic situation currently? _____ (from 1 = low to 10 = high)

What are your most significant economic challenges today?

- | | |
|---|---|
| <input type="checkbox"/> lack of income | <input type="checkbox"/> family philosophical differences |
| <input type="checkbox"/> child related expenses (explain details below) | <input type="checkbox"/> lack of financial knowledge and training |
| <input type="checkbox"/> unexpected expenses (explain details below) | <input type="checkbox"/> other (explain below) |

List your credit score, if known? _____ * credit reports may be obtained to assist in assessment

Have you ever filed bankruptcy, if so what year? _____ Are your taxes current? _____

List any liens, judgments or contingent liabilities you have (for example, guarantor on a loan or lease for another).

Do you feel you have adequate tax advice to take advantage of every opportunity to minimize your tax liability under IRS rules for clergy? _____

Where, if at all, could you benefit in the area of tax, legal or financial management advice? _____

Do you tithe? yes as often as possible not regularly we give to charity in excess of tithing

Health Care

Our health insurance is adequate? ___ yes it is ___ it could be better

Who provides the insurance? ___ the church ___ we do ___ spouse's employer ___ we have no coverage

Our Health Insurance: ___ deductibles are high ___ our cost is high ___ coverage is limited
Our share of the premium is \$_____ Our Family Deductible is \$_____
Co-pays are \$_____ Is the entire family covered? _____
Do you have vision coverage? _____ Do you have dental coverage? _____

Describe your family's life insurance coverage _____

Describe your disability income insurance coverage _____

Does your family use a Health Savings Account? _____

Do you feel your retirement benefits will be sufficient, if not, why? _____

Describe your retirement savings plan? _____

Does the church provide an adequate retirement benefit? ___ Describe it? _____

Do you feel your church compensation and benefit level or structure is the best possible that can be provided?

What are your short-term and intermediate financial goals (1-5 years)?

- ___ Pay off debt
- ___ Save for a major purchase (house, car, other)
- ___ Family vacation
- ___ Emergency savings
- ___ Home, appliance or car replacement
- ___ Save for college
- ___ Save for retirement
- ___ Increase my giving to church or others
- ___ Other: _____

Expand on your above goals:

What is your primary money motivation?

If you have taken the Money Motivation Quiz list your results, if not, which do you think it is PASTOR _____ and the SPOUSE _____?

- FREEDOM to do the things in life you enjoy
- SECURITY and stability for your family and your future
- POWER and the feeling of personal success it gives
- LOVE it allows you to express love and build relationships

BALANCE SHEET

List what you owe and what you own, the approximate values or credit balances and payment information.

WHAT WE OWN

- Checking Accounts and Cash
- Savings Accounts
- Investment Accounts
- Retirement Accounts
- Vehicles
- Home
- Other Real Estate
- Cash Value of Life Insurance
- Money Others Owe Us
- Other Assets (furnishings, jewelry, boats etc.)

TOTAL ASSETS

WHAT WE OWE

	Amount	Payments	Interest Rate
Mortgage on home			
Other mortgages			
Car loans			
Educational loans			
Family / Friend loans			
Credit Cards			
Other debt			
TOTAL LIABILITIES			

NET WORTH (Assets minus Liabilities) \$ _____

FAMILY INCOME AND EXPENSES (Budget)

FAMILY INCOME

	Gross Monthly	Net Take Home
Spouse's Cash Compensation		
Pastor's Cash Compensation		
Dividends and Interest		
Other Income		
TOTAL INCOME		

MONTHLY EXPENDITURES (from a historical log or current budget)

Giving to Church

Other Giving

Gifts to others (wedding, birthdays etc.)

Emergency Savings

Targeted Savings

Long-term Savings (retirement or other)

Debt Repayment

 Credit Cards/Accounts

 Educational

 Family

 Other

Housing Costs

 Mortgage

 Taxes, Assessments and Insurance

 Maintenance/Repairs

 Basic Utilities (water, gas, trash, electric etc.)

 Other (paper, internet, phone, cell, cable etc.)

Transportation Costs

 Car Payments

 Insurance and Plates

 Gasoline, Parking, Train etc.

 Repairs and Maintenance

Health

 Insurance for medical, dental, prescriptions and vision

 Out of pocket health related expenses on the above

Fitness Clubs or other health products

Professional

Child Care

Legal, Counseling and Accounting

Professional Dues and Memberships

Entertainment

Meals out, sitting, movies, events etc.

Travel and Vacations

Hobbies, Lessons (dance, music etc.), Sports

Other

Household/Personal

Groceries

Clothes/Dry cleaning

Household items

Technology

Books/Magazines

Allowances

Barber/Beauty

Other

TOTAL EXPENDITURES

Date _____ Pastor Signature _____

Spouse Signature _____