

CLIENT INFORMATION SHEET

\*\* All information provided is confidential\*\*

Client: Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: □Male □Female Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: □Single □Married: How long?­­­­­­\_\_\_\_\_\_\_ □Divorced: How long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Educational Level Attained: □Less than High School □High School Degree

□Associate’s Degree □1 year of undergraduate □2 years of undergraduate

□3 years of undergraduate □4 years of undergraduate □5+ years of undergraduate

□Undergraduate Degree □Some graduate □Graduate Degree

Are you a current student? □Yes □No If so, what is your major?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you the first person in your family to attend college? □Yes □No

Ethnicity: □White □Hispanic □Native American □African American □Hawaiian/Pacific Islander

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Status: □Full-time □Part-time □Seasonal □None Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Frequency: □Weekly □Bi-Weekly □Monthly □Semi-Monthly

Contact Information:

Local Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any financially dependent children? □Yes □No If “yes”, how many? \_\_\_\_

Do you have any other financial dependents? □Yes □No If “yes”, how many? \_\_\_\_

Household Monthly Take-Home (Net) Pay: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Pay: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you currently reside? □Dorm □Apartment □House

What is your current rent/house payment? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any other monthly payments (Car, insurance, etc) and what is the amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the reason(s) for your visit (Check all that apply):

Money Management/Budget \_\_\_\_\_ Want to Establish Credit \_\_\_\_\_

Credit Report Questions \_\_\_\_\_ Too Much Debt \_\_\_\_\_

Behind in Monthly Payments \_\_\_\_\_ Rent/Mortgage Questions \_\_\_\_\_

Financial Aid Questions \_\_\_\_\_ Unexpected Crisis \_\_\_\_\_

Student Loan Counseling \_\_\_\_\_ Medical Expenses \_\_\_\_\_

Considering Bankruptcy \_\_\_\_\_ Unemployment \_\_\_\_\_

Repayment of Loans \_\_\_\_\_ Legal Issues \_\_\_\_\_

Set up Savings Plan \_\_\_\_\_ Settle Old Debts \_\_\_\_\_

Gambling \_\_\_\_\_ Conflicts with Others \_\_\_\_\_

Other (Please Specify) \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate how you heard about The Center for Financial Success:

Friend \_\_\_\_\_

Relative \_\_\_\_\_

Classmate \_\_\_\_\_

Email \_\_\_\_\_

Career Center \_\_\_\_\_

Guest Speaker \_\_\_\_\_

Housing/Dining \_\_\_\_\_

Counseling Center \_\_\_\_\_

Financial Aid \_\_\_\_\_

Student Affairs \_\_\_\_\_

Professor \_\_\_\_\_

Resident Assistant \_\_\_\_\_

Academic Advisor \_\_\_\_\_

Service One Credit Union\_\_\_\_\_

Other (please specify) \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_