

# Client Profile

Grace Church Spending Plan Assistance

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## Official Use Only

Number \_\_\_\_\_  
Date Mailed \_\_\_\_\_  
Date Received \_\_\_\_\_  
Date Coach Assigned \_\_\_\_\_  
Name of Coach \_\_\_\_\_  
Coaching Completed \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_

WORK PHONE ( ) \_\_\_\_\_

NATURE OF EMPLOYMENT:

SELF \_\_\_\_\_

SPOUSE \_\_\_\_\_

NAME(S)/BIRTHDATE(S) OF CHILDREN \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## WHAT I SPEND

**EARNINGS/INCOME PER MONTH**

Salary #1 (gross) \_\_\_\_\_  
 Salary #2 (gross) \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL MONTHLY INCOME:** \_\_\_\_\_

**GIVING**

Church \_\_\_\_\_  
 Other Contrib. \_\_\_\_\_  
**TOTAL GIVING** \_\_\_\_\_

**TAXES**

Federal \_\_\_\_\_  
 State \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL TAXES** \_\_\_\_\_

**SAVINGS**

**TOTAL SAVINGS** \_\_\_\_\_

**DEBT**

**CREDIT CARDS**  
 Visa \_\_\_\_\_  
 Master Card \_\_\_\_\_  
 Discover \_\_\_\_\_  
 Am. Express \_\_\_\_\_  
 Gas Cards \_\_\_\_\_  
 Dept. Stores \_\_\_\_\_  
**EDUCATION LOANS** \_\_\_\_\_  
**OTHER LOANS:**  
 Bank Loans \_\_\_\_\_  
 Credit Union \_\_\_\_\_  
 Family/Friends \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL DEBT** \_\_\_\_\_

**HOUSING**

**MORTGAGE/TAXES/RENT** \_\_\_\_\_  
**MAINTENANCE/REPAIRS** \_\_\_\_\_  
**UTILITIES:**  
 Electric \_\_\_\_\_  
 Gas \_\_\_\_\_  
 Water \_\_\_\_\_  
 Trash \_\_\_\_\_  
 Telephone/Internet \_\_\_\_\_  
 Cable TV \_\_\_\_\_  
**OTHER** \_\_\_\_\_  
**TOTAL HOUSING** \_\_\_\_\_

**AUTO/TRANSPORTATION**

**CAR PAYMTS./LICENSE** \_\_\_\_\_  
**GAS/BUS/TRAIN/PKING.** \_\_\_\_\_  
**OIL/LUBE/MAINT.** \_\_\_\_\_  
**TOTAL AUTO** \_\_\_\_\_

**INSURANCE** (paid by you)

AUTO \_\_\_\_\_  
 HOMEOWNERS \_\_\_\_\_  
 LIFE \_\_\_\_\_  
 MEDICAL/DENTAL \_\_\_\_\_  
 OTHER: \_\_\_\_\_  
**TOTAL INSURANCE** \_\_\_\_\_

**HOUSEHOLD/PERSONAL**

GROCERIES \_\_\_\_\_  
 CLOTHES/DRYCLEANING \_\_\_\_\_  
 GIFTS \_\_\_\_\_  
 HOUSEHOLD ITEMS \_\_\_\_\_  
 PERSONAL  
 Liquor/Tobacco \_\_\_\_\_  
 Cosmetics \_\_\_\_\_  
 Barber/Beauty \_\_\_\_\_  
 OTHER  
 Books/Magazines \_\_\_\_\_  
 Allowances \_\_\_\_\_  
 Music Lessons \_\_\_\_\_  
 Personal Technology \_\_\_\_\_  
 Education \_\_\_\_\_  
 Miscellaneous \_\_\_\_\_  
**TOTAL HOUSEHOLD** \_\_\_\_\_

**ENTERTAINMENT**

**GOING OUT:**  
 Meals \_\_\_\_\_  
 Moves/Events \_\_\_\_\_  
 Babysitting \_\_\_\_\_  
**TRAVEL (VAC./TRIPS)** \_\_\_\_\_  
**OTHER:**  
 Fitness/Sports \_\_\_\_\_  
 Hobbies \_\_\_\_\_  
 Media Rental \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL ENTERTAINMENT** \_\_\_\_\_

**PROFESSIONAL SERVICES**

CHILD CARE \_\_\_\_\_  
 MED./DENTAL/PRESCRIP. \_\_\_\_\_  
**OTHER:**  
 Legal \_\_\_\_\_  
 Counseling \_\_\_\_\_  
 Union/Prof. Dues \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL PROFESSIONAL** \_\_\_\_\_

**MISC. SMALL CASH EXPENSES** \_\_\_\_\_

**TOTAL EXPENSES** \_\_\_\_\_

<b>TOTAL MONTHLY INCOME</b>	\$ _____
<b>LESS TOTAL EXPENSES</b>	\$ _____
<b>INCOME OVER/(UNDER) EXPENSES</b>	\$ _____

**REQUEST**

How can Grace's Spending Plan Assistance help you? \_\_\_\_\_

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

What steps are you taking to improve your present situation? \_\_\_\_\_

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

Have you ever seen a financial planner/advisor?  Yes  No If yes, who? \_\_\_\_\_

How were you helped? \_\_\_\_\_

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

**AGREEMENT**

MY (OUR) AGREEMENT WITH Grace Church – Saint Louis

I (we) hereby make the commitment to actively participate with Grace's Spending Plan Assistance in seeking a resolution to the issues that brought me (us) to this place.

I (we) understand that Grace's Spending Plan Assistance will attempt to assist me (us) in developing a plan, and that the coaches or volunteer agents do not make any representations or warranties with respect to the results of its services or its ability to help me (us) with my (our) credit/financial management.

I (we) understand that Spending Plan Coaching is being offered to me (us) without charge or obligation, and that the people in Grace's Spending Plan Assistance are volunteers who are donating their time to people requesting their assistance. Grace Church's Spending Plan Coaching personnel have pledged to not benefit monetarily in any way as a result of their involvement in the ministry and are thereby prohibited from selling any services or products to persons who seek their coaching.

I (we) further agree to indemnify and hold harmless all volunteers of Grace's Spending Plan Assistance, the sponsor church and its employees, agents, coaches, officers, and directors from any claim, suit, action, demand or liability of any kind and any nature arising out of, or in any manner connected with, my (our) participation in Grace's Spending Plan Assistance.

X \_\_\_\_\_

Date \_\_\_\_\_

X \_\_\_\_\_

Date \_\_\_\_\_

(If married, both spouses should sign.)

## TIPS FOR FILLING OUT YOUR CLIENT PROFILE

The information on your Client Profile is confidential. Please fill it out as completely and accurately as possible. The information will be used by you and your coach to develop a budget and debt retirement plan.

Please return the Client Profile as soon as possible.

### WHAT I OWN

Fill in the blanks as requested. For "Other Possessions", simply estimate the market value of your major assets. If you had to sell everything, what would you be able to get?

### WHAT I OWE

What liabilities do you have? To whom do you owe money and how much? What interest rate are you paying on each debt? Include the minimum monthly payment on each debt.

### WHAT I MAKE

The income figures should be those which you make *gross* before taxes and other deductions. Make a note of taxes under and any other deductions (such as medical insurance, retirement, etc.) under the appropriate categories on the "What I Spend" page (for example, retirement would be long-term savings so include it under "Savings"). Where those items occur under expenses, enter an asterisk with the footnote "payroll deduction." If your income varies from month to month, use a conservative monthly average based on the last two or three years' earnings. Referring back to your income tax records could be helpful in that determination.

### WHAT I SPEND

Gather as much information as you can to determine a *monthly average* for expenses in each category. Going through your check book register for the past year will probably be helpful. Be sure to include such items as auto insurance, property taxes, etc., that may not be paid on a monthly basis. If you've not kept records in the past, some of the categories may be difficult to estimate. Give it your best shot, recognizing that if you don't have records showing how much you're spending in a particular area, it's probably more than you think!

If what you are spending adds up to more than your income, changes will need to be made. Your coach will help clarify your options. Some changes may not be easy to make, but when done with a willing spirit, God will be pleased and will help! We look forward to working with you.

Spending Plan Assistance  
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