Start Making the Most of Your Money!

Answer 23 simple questions and you will get a personal report with tips on money management and budgeting, staying healthy, and protecting your financial information. All recommendations are designed to meet the unique needs of seniors.

Basics

1. Who are you completing this for?
   ___ Self
   ___ Spouse
   ___ Partner
   ___ Mother
   ___ Father
   ___ Client
   ___ Test Case
   ___ Other

   If "Other," please specify: ____________________________________________

   Please note: If you are completing this for someone else, please answer all questions as if you are that person.

2. What is your zip code? ________________

3. What is your month and year of birth? ________________

4. What is your marital status?
   ___ Single
   ___ Married
   ___ Married Living Separately
   ___ Living with Partner
   ___ Divorced
   ___ Widowed

   HELP – Question #4:
   Please indicate your current marital status:
   Single = never married
   Married = living as husband and wife, separated, or legally separated (the union must be a legally recognized marriage by the state from which the person is applying for benefits)
   Married Living Separately = legally married but living in separate households
   Living with Partner = sharing a household with partner
   Divorced = having legally dissolved a previous marriage
   Widowed = man or woman whose spouse has died

5. What is your gender?
   ___ Male
   ___ Female
   ___ Other

6. What is your race or ethnicity? (optional)
   ___ American Indian or Alaska Native

   HELP – Question #6:
   Please select the option that best fits your race or ethnicity. If your race or ethnicity is not listed, please select "Other."
7. On a scale of 1 to 5 (1 being the least hard and 5 being the hardest), how hard is it for you to provide for your basic needs each month?

- __1__ - It is not hard for me
- __2__ - Sometimes it is hard for me
- __3__ - I get by, but it is hard each month
- __4__ - I cannot get by on my own, I need help each month
- __5__ - I cannot meet my basic needs each month even with help

8. Do you receive income from any of the following sources? (Choose all that apply.) Please enter your current monthly gross income in the “Self” row below each check box. If married, enter your spouse’s monthly income in the “Spouse” row. If you have monthly income in both you and your spouse’s name, enter it in the “Joint” row. Enter the monthly income of any other people living in your household including a non-married partner, in the “Household” row.

**Please Note:** If you do not know the exact amount of your monthly income, please estimate the amount. Don’t worry if you don’t know all the answers. Just fill in the information you have now.
9. Do you have any of the following types of assets? (Choose all that apply.) Please enter the value of your assets in the “Self” row below each check box. If married, enter your spouse’s assets in the “Spouse” row. These are assets that your spouse owns separately from your assets. If your assets are owned in both you and your spouse’s name, enter them in the “Joint” row. Enter assets of any other people living in your household including a non-married partner, in the “Household” row.

Please Note: If you do not know the exact amount of your assets, please estimate the amount. Don’t worry if you don’t know all the answers. Just fill in the information you have now.

<table>
<thead>
<tr>
<th></th>
<th>Self</th>
<th>Spouse</th>
<th>Joint</th>
<th>Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash/Cash Equivalent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automobile</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automobile: Vehicle 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value of Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement Accounts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment Accounts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Insurance: Cash Value</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Insurance: Face Value</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burial Accounts: Revocable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burial Accounts: Irrevocable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Including yourself and your spouse/partner (if applicable), how many people live in your household AND depend on your income for support? ______

HELP – Question #10:
When answering this question, it is very important to include all members of your household (including your spouse/partner) who depend on your income.

The income guidelines for certain programs and services may be based on the number of people in your household who depend on your income.

11. Do you and your spouse (if married) get any of the following public benefits? (Choose all that apply.)

___ Medicare Savings Programs (QMB, SLMB, or QI-1)
___ Extra Help/LIS through Medicare Prescription Drug Coverage
___ Supplemental Nutrition Assistance Program (SNAP)
___ Low Income Home Energy Assistance Program (LIHEAP)
___ Medicaid
___ Property Tax Relief

12. If you answered yes to getting public benefits, please enter the monthly amount(s) for the program you get help from. If you do not have exact numbers or if the amount you get is different each month, please give an estimate.

$____________________ Medicare Savings Programs (QMB, SLMB, or QI-1)
$____________________ Extra Help/LIS through Medicare Prescription Drug Coverage
$____________________ Supplemental Nutrition Assistance Program (SNAP)
$____________________ Low Income Home Energy Assistance Program (LIHEAP)
$____________________ Medicaid
$____________________ Property Tax Relief

**Employment and Training**

13. If you are looking for a job, what kind of help do you need? (Check all that apply.)
   ___ I need help with the job search.
   ___ I need help with my job skills and would like to take an online class.
   ___ I need help matching my skills with jobs that I can apply for.
   ___ I need help learning how to use technology, such as computers and smart phones.

**Debt and Expenses**

14. Please enter your current monthly household expenses below. If you do not have exact numbers or if the amount you get is different each month, please give an estimate.
   $____________________ Housing
   $____________________ Food
   $____________________ Health
   $____________________ Transportation
   $____________________ Other Monthly Expenses
   $____________________ Debt Payments

15. If you are having trouble paying your monthly expenses, which of the items below describes your situation? (Check all that apply.)
   ___ I am near or at the limit of my lines of credit.
   ___ I am thinking about filing for bankruptcy.
   ___ I am getting calls from creditors about overdue bills.
   ___ I can only make the minimum (smallest amount allowed) payments on my credit cards.

**Housing**

16. In what type of housing do you live?
   ___ Own Home
   ___ Rental
   ___ Assisted Living/Nursing Home
   ___ Low-Income Housing
   ___ Homeless or Live in a Shelter

   **If “Own Home” is checked, answer the following questions:**

   What is the total amount you owe on your home (include mortgage and/or other home loans)?
   $____________________
Which of these best describes what you owe on your home?

___ I have paid off my mortgage, but I have trouble paying my utility, property tax, and/or homeowner’s insurance payments.
___ The amount I owe on my home is more than what my home is currently worth.
___ I have some equity, but just can’t keep up with paying my monthly bills.
___ I have a reverse mortgage and can’t keep up with paying my utility, property tax, and/or homeowner’s insurance payments.
___ I am facing foreclosure.
___ None of the above

Do you have homeowner’s insurance?

___ Yes ___ No

Would you like help figuring out if moving could save you money?

___ Yes ___ No

If “Rental” is checked, answer the following questions:

Are you behind in your rent?

___ Yes ___ No

Would you like help figuring out if moving could save you money?

___ Yes ___ No

17. Do you have a disability that has been diagnosed by your doctor that makes it very hard or impossible for you to care for yourself or your family each day?

___ Yes ___ No

18. Do you currently have any of the following chronic conditions:
arthritis, asthma, emphysema, bronchitis, cancer, depression, anxiety, diabetes, heart disease, high blood pressure, stroke, osteoporosis, or HIV/AIDS?

___ No Chronic Conditions
___ One Chronic Condition
___ Two or More Chronic Conditions

19. On a scale of 1 to 5 (1 being excellent health and 5 being poor health), how would you rate your health?

___ 1 - Excellent
___ 2 - Very Good
___ 3 - Good
___ 4 - Fair
___ 5 - Poor

20. On a scale of 1 to 4 (1 being not at all and 4 being almost all the time), over the last month, how often have you felt down, depressed or hopeless?

___ 1 - I have not felt down, depressed or hopeless.
___ 2 - I have felt down, depressed or hopeless on a few days over the past month.
___ 3 - I have felt down, depressed or hopeless on more than half the days over the past month.
___ 4 - I have felt down, depressed, or hopeless almost every day over the past month.

21. Do you have Medicare?
   ___ Yes ___ No

22. Are you interested in reducing your medical costs, exploring health insurance options, or getting help paying for your prescription drugs?
   ___ Yes ___ No

More Information

23. Please choose any of the following that you may like more information about. (Check all that apply.)
   ___ Money management resources, including budgeting tools, calculators to cut expenses, and coupons
   ___ Financial programs and services, including information on identifying trusted financial institutions and life insurance
   ___ Retirement planning, including guides and calculators, information on Social Security benefits, and assistance with pensions
   ___ Legal concerns, including information on power of attorney, writing a will, and bankruptcy
   ___ Information on senior tax deductions or getting free tax filing assistance
   ___ Unclaimed property, which are any assets that have been lost and forgotten by its owner for a long period of time