
Financial health pre-assessment

Date: _____ Client name: _____

A. Your goals

1. Which of the following are long-term goals you would like to work towards?

Check all that apply:

- Employment Health Improve housing
 Education Retirement/savings Self-employment/own a business
-

B. Banking

2. Do you have a bank account?

- No Yes (Check all that apply): Saving Chequing
-

C. Using bank account

3. Do you check your account balance? No Yes
4. Do you use online banking? No Yes
5. Do you have direct deposit? No Yes
6. Do you use ATM/debit card? No Yes
7. Do you use cheque-cashers? No Yes
8. Have you used this account in the last 6 months? No Yes
-

D. Saving

9. Do you save regularly?

- No, I never save Yes, monthly
 No, only when I have money Yes, biweekly
 Yes, weekly

10. Do you have any savings?

- No
 Yes – How much \$ _____

10.1 Where do you save? Check all that apply:

- Credit union/bank
 Cash under the mattress/at home
 Locked-in pension/trust
-

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D. Saving

11. Do you have any of the following? Check all that apply:

- Registered Education Savings Plan (RESP) Tax Free Savings Account (TFSA)
 Canada Learning Bond (CLB) Registered Disability Savings Plan (RDSP)
 Registered Retirement Savings Plan (RRSP) Other _____

12. Do you use automatic deposit to save money?

- No Yes
-

E. Credit

13. When was the last time you saw your credit report?

- Never saw it 1-6 months More than 6 months ago

14. Do you know what your credit score is?

- No Yes – Credit score: _____
-

F. Debts

15. Do you have any debt?

- No Yes – How much \$ _____ Do not know

16. What types of debt do you have? Check all that apply:

- Credit cards Overdue rental payment
 Student loans Past due bills
 Taxes Informal loans (i.e. loan shark)
 Family responsibility office Friend/family
 Overpayments/debt with government Payday loan
 Mortgage Other _____
 Other bank loans

17. Do you use any of the following? Check all that apply:

- Payday loans Rent-to-own Pawn shops
-

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G. Incomes, taxes and benefits

18. What is your annual income after taxes \$ _____

Prefer not to say

19. What are your current sources of income? Check all that apply:

- | | |
|---------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Wages/salary | <input type="checkbox"/> Employment insurance |
| <input type="checkbox"/> Family and friends | <input type="checkbox"/> HST/GST credit |
| <input type="checkbox"/> Spousal income | <input type="checkbox"/> Child tax benefits |
| <input type="checkbox"/> Social assistance | <input type="checkbox"/> Canada pension/other pension |
| <input type="checkbox"/> Workers compensation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Long-term disability insurance | |

20. What is your primary employment status? Check ONE:

- | | |
|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Seeking employment |
| <input type="checkbox"/> On disability | |

21. Did you file your tax return last year?

- No Yes

22. Did you get any tax refund?

- No Yes I don't know

If yes, how much? _____

23. Did you get your refund instantly?

- No Yes

24. How did you file last year? Check ONE:

- | | |
|----------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Online | <input type="checkbox"/> Got help for a fee/H&R Block or other tax prep company |
| <input type="checkbox"/> By mail | <input type="checkbox"/> Volunteer clinic |

25. Are there any previous tax returns that you haven't filed yet?

- No Yes I don't know