

FINANCIAL WELLNESS ASSESSMENT

Name: _____ Date: _____
Email: _____ Phone: _____
Partner: _____ Partner's phone: _____

Managing your paycheck

Y N ?

Do you have at least \$1,000 saved for emergencies?

Do you have a written budget—a planned destination for every dollar you earn?

Does your mortgage or rent, utilities and insurance for your primary residence exceed 35% of your income (gross or net)?

Does your monthly payment, gas, maintenance and insurance for your primary vehicles exceed 15% of your income?

Do your monthly debt payments (besides primary residence and vehicles) exceed 15% of your income?

Do you have at least three months of expenses saved for emergencies?

Managing and protecting your wealth

Y N ?

Have you calculated how much you need to save to reach your retirement goal?

Do you save 10% or more of your income for retirement?

Do you have 10 times or more of your income in life insurance protection?

Do you have two thirds of your income protected by disability insurance in case you are sick or hurt and can't go to work for an extended period of time?

If you are 50 or older, have you made an informed decision on how you would pay for long term care services should you need them?

Have you documented your directions, in the event of incapacity, for your healthcare, finances and what you will leave behind?

Top three financial priorities/goals this year

Comments: