**Taking Stock Of Your Money Picture**

If you could change one thing about your financial situation, what would it be?

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| 1. Do you have dreams for you or your children that require money to make them happen? | Yes | No |
| 2. Are you behind on rent, car payments, or other bills? | Yes | No |
| 3. Do you usually have about the same amount of income every week? | Yes | No |
| 4. When unexpected expenses or emergencies happen, do you have some money set aside to cover them? | Yes | No |
| 5. Can you cover all of your bills and living expenses each month with the money, benefits, and other resources you have? | Yes | No |
| 6. Are you having trouble paying student loans or other debts? | Yes | No |
| 7. Has your credit history made it hard to get a car, insurance, a phone, or a job? | Yes | No |
| 8. Do you have an account at a bank or credit union? | Yes | No |
| 9. Do you feel like you're spending too much on things like fees and interest to access and use your money? | Yes | No |
| 10. Have you had issues with a financial product or service like a bank account, loan, mortgage, debt collector, or credit report currently or in the past? | Yes | No |