Financial Assessment

Please complete this form. If you are married, or partnered, please have your spouse/partner complete their own form as well.

Name ______________ ☐ Applying for postulancy ☐ Spouse/partner

Yes	No	
☐	☐	I am starting to develop an up-to-date financial plan.
☐	☐	I have an updated financial plan.
☐	☐	I have analyzed my cash flow.
☐	☐	I have established a rainy day fund for emergencies.
☐	☐	I have completed a net worth statement (assets minus debts or liabilities).
☐	☐	I am saving money on a regular basis for the future.
☐	☐	I have reviewed my (life, health, disability, long term care, auto, home, liability insurance coverage.
☐	☐	I have a national credit card in my own name.
☐	☐	I have discussed finances with appropriate family members.
☐	☐	I have documents pertaining to my personal and family finances where my family can find them (property deeds, automobile titles, wills, insurance policies, and birth, investment, marriage, divorce certificates).
☐	☐	I know approximately what my financial situation would be in the event of a significant event or life change.
☐	☐	If I should die suddenly, it would be easy for my survivors to determine who should be notified.
☐	☐	If I should die suddenly, it would be easy for my survivors to understand their total financial picture.
☐	☐	I know my retirement benefits.
☐	☐	I know appropriately what my Social Security income will be in retirement.
☐	☐	I know appropriately what the future income from my investments in retirement.
☐	☐	I have authorized another person to act on my behalf under a “power of attorney” document and living will.
☐	☐	I have an advanced directive/health care proxy.
☐	☐	I have an up-to-date will.