



# TGC Financial Counseling Client Profile



Name \_\_\_\_\_ Age \_\_\_\_\_

Marital Status \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Spouse's Phone \_\_\_\_\_

Nature of Employment:

Self \_\_\_\_\_

Spouse \_\_\_\_\_

Name(s)/Ages of Children:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Number \_\_\_\_\_

Date Received \_\_\_\_\_

Date Counselor Assigned \_\_\_\_\_

Name of Counselor \_\_\_\_\_

Counseling Completed \_\_\_\_\_



# Spending

**Earnings/Income per Month (from Page 2)**

Income 1 (net take-home) \_\_\_\_\_  
 Income 2 (net take-home) \_\_\_\_\_  
 Other (less taxes) \_\_\_\_\_  
**TOTAL MONTHLY INCOME** \$           -

**Giving**

Church \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL GIVING** \$           -

**Savings Contribution**

**TOTAL SAVINGS** \$           -

**Debt**

Credit Cards  
   Visa \_\_\_\_\_  
   Master Card \_\_\_\_\_  
   Discover \_\_\_\_\_  
   AMEX \_\_\_\_\_  
   Gas Cards \_\_\_\_\_  
   Dept. Stores \_\_\_\_\_  
 Education Loans \_\_\_\_\_  
 Other Loans \_\_\_\_\_  
   Bank Loans \_\_\_\_\_  
   Credit Union \_\_\_\_\_  
   Family/Friends \_\_\_\_\_  
   Other \_\_\_\_\_  
**TOTAL DEBT** \$           -

**Housing**

Mortgage/Taxes/Rent \_\_\_\_\_  
 Maintenance/Repairs \_\_\_\_\_  
 Utilities  
   Electric \_\_\_\_\_  
   Gas \_\_\_\_\_  
   Water \_\_\_\_\_  
   Trash \_\_\_\_\_  
   Telephone/Internet \_\_\_\_\_  
   Cable TV \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL HOUSING** \$           -

**Auto/Transportation**

Car Payments/License \_\_\_\_\_  
 Gas/Parking/Public Trans \_\_\_\_\_  
 Oil/Lube/Maint \_\_\_\_\_  
**TOTAL TRANSPORTATION** \$           -

**Insurance (paid by you)**

Auto \_\_\_\_\_  
 Homeowners/Renters \_\_\_\_\_  
 Life \_\_\_\_\_  
 Medical/Dental \_\_\_\_\_  
 Other \_\_\_\_\_  
**TOTAL INSURANCE** \$           -

**Household/Personal**

Groceries \_\_\_\_\_  
 Clothes/Dry Cleaning \_\_\_\_\_  
 Gifts \_\_\_\_\_  
 Household Items \_\_\_\_\_  
 Personal  
   Liquor/Tobacco \_\_\_\_\_  
   Cosmetics \_\_\_\_\_  
   Barber/Beauty \_\_\_\_\_  
 Other  
   Books/Mags \_\_\_\_\_  
   Allowances \_\_\_\_\_  
   Music/Art/etc. Lessons \_\_\_\_\_  
   Personal Tech \_\_\_\_\_  
   Education \_\_\_\_\_  
   Miscellaneous \_\_\_\_\_  
**TOTAL HOUSEHOLD** \$           -

**Entertainment**

Going Out:  
   Meals \_\_\_\_\_  
   Movies/Events \_\_\_\_\_  
   Babysitting \_\_\_\_\_  
 Travel (Vac/Trips) \_\_\_\_\_  
 Other  
   Fitness/Sports \_\_\_\_\_  
   Hobbies \_\_\_\_\_  
   Media Rental \_\_\_\_\_  
   Other \_\_\_\_\_  
**TOTAL ENTERTAINMENT** \$           -

**Professional Services**

Childcare \_\_\_\_\_  
 Med/Dental/Rx \_\_\_\_\_  
 Other  
   Legal \_\_\_\_\_  
   Counseling \_\_\_\_\_  
   Union/Prof. Dues \_\_\_\_\_  
   Other \_\_\_\_\_  
**TOTAL PROFESSIONAL** \$           -

**Misc. Small Cash Expenses** \_\_\_\_\_

**TOTAL EXPENSES** \$           -

Total Monthly Income	\$	-
Less Total Expenses	\$	-
<b>Monthly Net Income/Loss</b>	<b>\$</b>	<b>-</b>

# Request

How can TGC Financial Counseling help you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What steps are you taking to improve your present situation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever seen a financial planner/advisor? yes no If yes, who? \_\_\_\_\_

How were you helped? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Agreement

MY (OUR) AGREEMENT WITH Trinity Grace Church Financial Counseling (TGCF)

I (we) hereby make the commitment to actively participate with the Trinity Grace Church Financial Counseling (TGCF) ministry in seeking a resolution to the issues that brought me (us) to this place.

I (we) understand that TGCF will attempt to assist me (us) in developing a plan, and that the counselor or volunteer agents do not make any representations or warranties with respect to the results of its services or its ability to help me (us) with my (our) credit/financial management.

I (we) understand that TGCF services are being offered to me (us) without charge or obligation, and that the counselors are volunteers who are donating their time to people requesting their assistance. Counselors have pledged to not benefit monetarily in any way as a result of their involvement in the ministry and are thereby prohibited from selling any services or products to persons who seek their counsel.

I (we) further agree to indemnify and hold harmless all volunteers of the TGCF ministry, Trinity Grace Church and its employees, agents, counselors, officers, and directors from any claim, suit, action, demand or liability of any kind and any nature arising out of, or in any manner connected with, my (our) participation in TGCF.

X \_\_\_\_\_

Date \_\_\_\_\_

X \_\_\_\_\_

Date \_\_\_\_\_