

Financial Education Boot Camp



Name:	
Address:	
City:	County:
Phone #:	Cell #:
E-Mail:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other, please specify: _____	
Have you or anyone in your household served or is currently serving in the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please answer the following questions.

1. What is your current method of banking?	<input type="checkbox"/> I do not have a bank account <input type="checkbox"/> Bank Institution <input type="checkbox"/> Credit Union <input type="checkbox"/> Check Cashing Services	<input type="checkbox"/> Use of Money Orders <input type="checkbox"/> Title for Loans <input type="checkbox"/> Other, please specify: _____	
NAME:	CHECKING:	SAVINGS:	LOAN:
2. What is your major source of income?	<input type="checkbox"/> Wages <input type="checkbox"/> SS/SSDI <input type="checkbox"/> Retirement	<input type="checkbox"/> Self Employed <input type="checkbox"/> Other, please specify: _____	
3. Type of Employment?	<input type="checkbox"/> Education <input type="checkbox"/> Farm Worker <input type="checkbox"/> Finance <input type="checkbox"/> Manufacturing	<input type="checkbox"/> Medical <input type="checkbox"/> Retail <input type="checkbox"/> Social Services <input type="checkbox"/> Transportation	<input type="checkbox"/> Government <input type="checkbox"/> Other, please specify: _____
4. Income Range?	<input type="checkbox"/> 0-\$5,000 <input type="checkbox"/> 5,000 - \$10,000 <input type="checkbox"/> 10,000 - \$25,000	<input type="checkbox"/> 25,000 - \$50,000 <input type="checkbox"/> Over \$ 50,000	
5. Please check whichever is applicable:	<input type="checkbox"/> Do You Own? <input type="checkbox"/> Rent?	<input type="checkbox"/> Need to Rehab? <input type="checkbox"/> Want to Purchase?	
6. When have you reviewed your credit report?	<input type="checkbox"/> Never <input type="checkbox"/> In the last 6 months <input type="checkbox"/> In the last 12 months	<input type="checkbox"/> Other, please specify: _____	
7. How did you hear about this class?			
8. What is important for you to learn?	_____ _____ _____		