

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Financial Experiences Survey

We ask all clients the following questions at the beginning and end of their time in the program. Your answers **do not** affect the IDA dollars you receive. IDA providers use this information to bring resources to our communities and will benefit from your ability to answer as honestly as possible.

**6.1.** Do you currently have a personal budget, spending plan, or financial plan?

☐ Yes

☐ No

**6.2.** How confident are you in your ability to achieve a financial goal you set for yourself today?

☐ Not at all confident

☐ Somewhat confident

☐ Very confident

**6.3.** If you had an unexpected expense or someone in your family lost a job, got sick or had another emergency, how confident are you that your family could come up with money to make ends meet within a month?

☐ Not at all confident

☐ Somewhat confident

☐ Very confident

**6.4.** Not including your IDA, do you currently have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)?

☐ Yes

☐ No

**6.5.** Over the past month, would you say your family's spending on living expenses was less than its total income?

☐ Yes

☐ No

**6.6.** In the last 2 months, have you been charged a late fee on a loan or bill?

☐ Yes

☐ No

**6.7.** How would you rate your current credit record?

☐ Very bad

☐ Bad

☐ About average

☐ Good

☐ Very good

**6.8.** Do you currently have at least one financial goal?

☐ Yes

☐ No

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## For Business or Microenterprise IDAs

We ask all Business or Microenterprise IDA clients to complete the following questions at the beginning and end of their time in the program. IDA providers use this information to improve business services in our communities.

**7.1. If you are self-employed:** On average, did you work on your business full-time, part-time, or seasonally in the last 12 months?

☐ Full Time (35 or more hours per week)

☐ Part time/seasonally

☐ Other – please specify: \_\_\_\_\_

☐ Decline to answer

**7.2. Estimated Total Sales:** About how much did your business earn in gross sales or income last calendar year, before paying all expenses?

**7.3. Estimated Total Profit:** About how much profit did your business earn last calendar year? (Total income after paying all expenses. Expenses do not include income you paid yourself.)

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