



Financial Fitness Analysis

Member Information:

Your Name:

Member Account Number:

Date of Birth:

Joint Member Name:

Joint Member

Date of Birth:

**Number of People
in Household:**

Street Address:

City:

State:

Zip:

Home Phone:

Work/Daytime Phone:

Average Monthly Expenses:

Housing:	Amount	Comments
Rent/Mortgage		
Heat*		
Electric		
Water		
Phone/Cell		
Cable		
Internet Access		
Repairs/Improvements*		
Household Expenses		
Homeowners Insurance		

* Take year's estimate & divide by 12

Food:	Amount	Comments
Groceries		
Non-Food/Toiletries		
Mid-week Shopping		
Meals Out		

Transportation:	Amount	Comments
Gas/Vehicle		
Maintenance		
Parking		
Car Insurance		

Other Expenses:	Amount	Comments
Clothing*		
Medical/Dental*		
Education*		
Self Paid Life Insurance		
Gifts*		
Donations*		
Entertainment**		
Child Care		
Vacations*		
Beauty/Barber		
Laundry/Dry Cleaning		
Pets*		
Alcohol/Tobacco		
Other		
Other		

* Take year's estimate & divide by 12

** Entertainment includes: reading, videos, movies, hobbies, etc.

Subtotal:
+ Savings:
= Monthly Expenses:

Average Monthly Income:

Net Pay:	Amount	Employer Name
Your Monthly Income		
Joint Member's Monthly Income		

Other Income:	Amount	Comments
Child Support		
Alimony		
Rental Property		
Other		
Other		
Total Income		
Total Income:		
- Expenses:		
= Total Available for Debt:		

Loans:

Creditor

Debt:

Balance

Payment

Credit Cards :

Creditor

Balance

Payment

Total Debt:

Total Mo. Payment:

Amount Available for Debt:

- Total Monthly Payment:

This is Your Bottom Line!

Asset Information:

Type	Description	Value	Existing Loan		Balance
Home			Yes	No	
Auto			Yes	No	
Auto			Yes	No	
401K			Yes	No	
Other*			Yes	No	
Other*			Yes	No	

Potential Cosigners:

Name:	Member Account #:
Name:	Member Account #:
Name:	Member Account #: