

Covenant Community Capital Financial Education and Coaching Enrollment

Applicant's Name		Date of Birth (mm/dd/yy)	Home Phone (incl. area code)	
Home Address (street, city, ZIP) <input type="checkbox"/> Own, <input type="checkbox"/> Rent, <input type="checkbox"/> Other; Yrs. at address: _____; Mo. rent/mortgage: _____			Work Phone (incl. area code)	
Mailing Address (if different from home address)			Cell Phone (incl. area code)	
Primary Email Address		Secondary Email Address		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Never Been Married		Education Completed: <input type="checkbox"/> Grade: _____ <input type="checkbox"/> Vocational School <input type="checkbox"/> High School (<input type="checkbox"/> by GED) <input type="checkbox"/> AA or 2-Year Degree <input type="checkbox"/> Some College <input type="checkbox"/> 4-Year College Degree		
Household Member Name	Age	Relationship to You	Claim on Tax Return?	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
Emergency Contact		Emergency Contact Phone	Emergency Contact Email	

Household Employment

Name & Address of Applicant's Employer <input type="checkbox"/> Self-employed		Name & Address of Spouse's Employer <input type="checkbox"/> Self-employed	
Position / Type of business		Position / Type of business	
Years on this job	Years in this line of work	Years on this job	Years in this line of work

Household Income

Income for all household members – please check all that apply & list gross income (before taxes)	Applicant Monthly	Spouse Monthly
<input type="checkbox"/> Salary & wages		
<input type="checkbox"/> Self-employment income		
<input type="checkbox"/> Government assistance: <input type="checkbox"/> EITC; <input type="checkbox"/> TANF; <input type="checkbox"/> SSI/SSDI; <input type="checkbox"/> SNAP/Lone Star Card; <input type="checkbox"/> Housing Voucher		
<input type="checkbox"/> Pension or retirement income		
<input type="checkbox"/> Child support and/or alimony		
<input type="checkbox"/> Other (please specify):		

Household Assets

<input type="checkbox"/> Balance in checking account(s):	<input type="checkbox"/> No account	<input type="checkbox"/> Balance in savings account(s):	<input type="checkbox"/> No account
<input type="checkbox"/> Value of retirement account(s):	<input type="checkbox"/> No account	<input type="checkbox"/> Value of 529 education account(s):	<input type="checkbox"/> No account
<input type="checkbox"/> Value of stocks, bonds, CDs, ETFs and mutual funds held outside retirement and 529 education accounts:		<input type="checkbox"/> No account	
<input type="checkbox"/> Value of real estate, net of mortgage debt:		<input type="checkbox"/> No realty	
<input type="checkbox"/> Car #1 make, model & year:	Monthly payment:	Payments left:	
<input type="checkbox"/> Car #2 make, model & year:	Monthly payment:	Payments left:	

Certification, Agreement & Authorization

By signing below, I certify that all information provided is accurate and complete. I authorize Covenant to periodically obtain a copy of my credit report and tax transcript to provide financial coaching and evaluate the longitudinal results of its services. I also agree to truthfully complete written and verbal surveys to help Covenant evaluate the effectiveness of its programs on educational attainment, occupational status, income, net worth, credit, risk management and civic engagement during the term of my enrollment and in five-year intervals afterward.

Signature: _____ Date: _____

Enrollment Survey

1. How did you hear about Covenant?

- | | | |
|--|--|---|
| <input type="checkbox"/> Family or friend | <input type="checkbox"/> Internet | <input type="checkbox"/> Church: _____ |
| <input type="checkbox"/> 211 or United Way | <input type="checkbox"/> Brochure | <input type="checkbox"/> Nonprofit: _____ |
| <input type="checkbox"/> Bank, broker or homebuilder | <input type="checkbox"/> Government agency | <input type="checkbox"/> Other: _____ |

2. What are your financial goals? Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Reduce debt | <input type="checkbox"/> Save to buy a home | <input type="checkbox"/> Save to start a business |
| <input type="checkbox"/> Improve my credit | <input type="checkbox"/> Save for college or training | <input type="checkbox"/> Save for a child's college education |
| <input type="checkbox"/> Save for an emergency fund | <input type="checkbox"/> Save to buy a car | <input type="checkbox"/> Save for retirement |

3. What public benefits have you used in the past? Check all that apply:

- | | | |
|--|--|---|
| <input type="checkbox"/> SSI or SSDI | <input type="checkbox"/> Child Tax Credit | <input type="checkbox"/> Earned Income Tax Credit (EITC) |
| <input type="checkbox"/> SNAP/Lone Star Card | <input type="checkbox"/> TANF/AFDC | <input type="checkbox"/> Section 8/Housing Choice Voucher |
| <input type="checkbox"/> Harris County Gold Card | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Children's Health Insurance (CHIP) |
| <input type="checkbox"/> Veteran's Administration (VA) | <input type="checkbox"/> Unemployment assistance | <input type="checkbox"/> IDA (agency: _____) |

4. Which, if any, of these things have you happened to do in the past year? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Attended a parent meeting at school | <input type="checkbox"/> Had teeth cleaned at the dentist |
| <input type="checkbox"/> Served on a board or committee of an organization | <input type="checkbox"/> Had blood pressure checked |
| <input type="checkbox"/> Attended church weekly | <input type="checkbox"/> Viewed credit report |
| <input type="checkbox"/> Voted in an election | <input type="checkbox"/> Paid bills online |
| <input type="checkbox"/> Donated blood | <input type="checkbox"/> Opened a retirement or college savings account |
| <input type="checkbox"/> Helped a friend, church or charity financially | <input type="checkbox"/> Read Consumer Reports magazine |
| <input type="checkbox"/> Attended training to enhance a job skill | <input type="checkbox"/> Cooked fresh or frozen vegetables at home |

5. How many times in the past year did you volunteer?

- 0 1 – 3 times 4 – 6 7 – 9 10 – 12 13 – 15

6. How many times in the past year did you entertain friends at home?

- 0 1 – 3 times 4 – 6 7 – 9 10 – 12 13 – 15

7. How many hours of sleep do you get on average, each day?

- Less than 6 hours 6 – 6 ½ hours 7 – 7 ½ hours 8 – 8 ½ hours 9 or more hours

8. How many minutes of exercise do you get on average, weekly?

- 0-29 minutes weekly 30-59 60-89 90-119 120-149 150-179 180+

9. Which, if any, of these estate-planning documents do you have? Check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> A will | <input type="checkbox"/> An advance directive (living will) | <input type="checkbox"/> An instruction letter |
| <input type="checkbox"/> A power of attorney (POA) | <input type="checkbox"/> A health care proxy (health care POA) | <input type="checkbox"/> None of the above |

10. Which of the following types of insurance policies do you have? Check all that apply:

- Auto Home Life Health Disability

11. Which of the following types of loans/debt do you have? Check all that apply:

- | | | | | |
|------------------------------------|--------------------------------------|----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Auto loan | <input type="checkbox"/> Home | <input type="checkbox"/> Student | <input type="checkbox"/> Credit card(s) | <input type="checkbox"/> Auto title |
| <input type="checkbox"/> Payday | <input type="checkbox"/> Rent-to-Own | <input type="checkbox"/> Medical | <input type="checkbox"/> Business | <input type="checkbox"/> Family |

12. Which of the following types of financial expenses have you had in the past year? Check all that apply:

- Tax return preparation Check cashing fee Late fee Insufficient funds fee

13. In the last few years, has your financial situation been getting better, worse, or has it stayed about the same?

- Getting better Getting worse Staying about the same

14. Which of the following terms best describes how financially secure you currently feel?

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Very secure | <input type="checkbox"/> Somewhat secure | <input type="checkbox"/> Not at all secure |
| <input type="checkbox"/> Secure | <input type="checkbox"/> Not very secure | |

Please return the completed enrollment and survey to Paulina Serrano (713-223-1864 ext. 10) in one of the following ways:

- **By email to paulina@covenantcapital.org**
- **By fax to 713-223-1853**
- **By mail to P O Box 15398, Houston, TX 77220**
- **In person at 3300 Lyons Avenue, Suite 203, Houston, TX 77020**