**Financial Responsibility Checklist**

**Confidential Information**

*Personal information is a sensitive topic with most people. ISI follows strict professional guidelines regarding access to all personnel information. All personnel information is private and only available to interviewers, supervisors, and management on a need-to- know basis. As representatives of Christ, ISI is committed to the highest standards of professionalism in personnel matters.*

While some of these questions may appear somewhat invasive, part of evaluating your potential ability to raise support, and to live on it, requires a comprehensive look at your financial health.

Please answer these questions fully and honestly. There is no judgment attached to any of this information.

Name:

Date:

**Budget**

Do you use a budget? Yes/No/Sometimes

Do you keep to that budget? Yes/No/Sometimes

If you don’t use a budget, or have trouble sticking to that budget, explain why.

**Income**

What is your current annual salary?

What was your individual total income last year?

Do you have other sources of income? If so, describe from where and how much annually.

Complete the following table related to your current debt-load. Again, please be honest and include all debt.

**Total Debt Amount**

Source:

Approximate Monthly Payment/Approximate Payoff Date:

Home:

Auto(s):

Credit Cards:

Educational & Insurance Loans:

Loans from Family Members:

Other/Misc. borrowing:

**Medical Insurance**

Please indicate the approximate pay-out amount of insurance currently carried:

Monthly amount:

Carrier:

Deductible:

**Co-Pay**

Maximum Annual Out-of-Pocket Amount:

Lifetime Maximum Coverage Amount:

**Savings, Investments, and Retirement**

Have you ever met with a financial investment or retirement planner to make a plan for your future? Yes/No

If yes, who/when?

Date of last revision of your plan:

Are you currently saving for retirement? Yes/No

Amount savings per year set aside:

Total amount in your retirement fund(s):

Total amount of other investments:

**Will**

Do you have a valid will in your state? Yes/No

When was your will last revised or updated?

**Life Insurance**

Please indicate amount currently carried: