

# SURVEY ABOUT FINANCES

## BACKGROUND INFORMATION

1. Last Name:	2. First Name:	3. Date of Birth:
4. Are you of Hispanic or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer  5. Race: <i>(select one or more)</i> <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Prefer not to answer	6. Living Situation: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Staying with family/friends <input type="checkbox"/> Public housing <input type="checkbox"/> Homeless/shelter <input type="checkbox"/> Prefer not to answer	7. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single (never married) <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to answer
	8. How many adults (18 and over), including yourself, are in your household?  <div style="text-align: center;">_____</div>	9. How many children (under 18) are in your household?  <div style="text-align: center;">_____</div>

## USE OF FINANCIAL SERVICES

10. Did you have a bank account in the month before starting POP?  <input type="checkbox"/> No account <input type="checkbox"/> Yes, savings account <input type="checkbox"/> Yes, checking account <input type="checkbox"/> Yes, both checking and savings account	11. If you did not have a bank account in the month before starting POP, did you have one in the past? <div style="text-align: center;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</div> ➤ 11a. IF YES, why did you close it? <i>(check all that apply)</i> <input type="checkbox"/> I could not maintain the minimum balance <input type="checkbox"/> Fees were too high <input type="checkbox"/> I don't like dealing with banks <input type="checkbox"/> I don't trust banks <input type="checkbox"/> I had a negative experience with my bank <input type="checkbox"/> I have judgments/liens <input type="checkbox"/> It was frozen / garnished  <input type="checkbox"/> Other reason: _____  <hr/> ➤ 11b. IF NO, why don't you have a bank account? <i>(check all)</i> <input type="checkbox"/> I can't maintain the minimum balance <input type="checkbox"/> Fees are too high <input type="checkbox"/> I tried but bank denied me <input type="checkbox"/> I don't have the required identification <input type="checkbox"/> I don't like dealing with banks <input type="checkbox"/> I don't trust banks <input type="checkbox"/> I had a negative experience with my bank <input type="checkbox"/> I have judgments / liens <input type="checkbox"/> I don't want my wages garnished
12. Did you have any of the following in the month before starting POP? <i>(check all that apply)</i> <input type="checkbox"/> Prepaid card <input type="checkbox"/> Payroll card <input type="checkbox"/> EBT/Public Benefits card <input type="checkbox"/> Direct deposit to bank account <input type="checkbox"/> Direct deposit to payroll card	
13. Have you used any of the following in the last month? <i>(check all that apply)</i> <input type="checkbox"/> Check-cashers <input type="checkbox"/> Money orders <input type="checkbox"/> Online bill pay <input type="checkbox"/> Pay day lender <input type="checkbox"/> Pawn shops	

Other reason: \_\_\_\_\_  
 \_\_\_\_\_

**FINANCIAL INFORMATION**

<p>14. If you had an unexpected expense or emergency of \$500, how confident are you that you could pay it?</p> <p><input type="checkbox"/> Not at all  <input type="checkbox"/> A little  <input type="checkbox"/> Somewhat  <input type="checkbox"/> Very  <input type="checkbox"/> Extremely</p>	<p>15. Do you use a budget or spending plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>16. Have you viewed your credit report in the past 12 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>20. About how often do you contribute to savings?</p> <p><input type="checkbox"/> Weekly  <input type="checkbox"/> Every two weeks  <input type="checkbox"/> Monthly  <input type="checkbox"/> Several times a year  <input type="checkbox"/> Once per year  <input type="checkbox"/> Less than once per year  <input type="checkbox"/> Never, do not contribute to savings</p>	<p>17. Are you saving regularly?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. Do you have any savings?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>19. If you have savings, about how much money do you have saved?</p> <p>\$ _____</p> <p>22. Do you trust banks?</p> <p><input type="checkbox"/> Not at all  <input type="checkbox"/> A little  <input type="checkbox"/> Somewhat  <input type="checkbox"/> Very  <input type="checkbox"/> Extremely</p>
<p>23. How much control do you feel over your finances?</p> <p><input type="checkbox"/> No control  <input type="checkbox"/> A little control  <input type="checkbox"/> In control  <input type="checkbox"/> Very in control  <input type="checkbox"/> Extremely in control</p>	<p>24. How would you rate your understanding of money-management?</p> <p><input type="checkbox"/> Very bad  <input type="checkbox"/> Poor  <input type="checkbox"/> Fair  <input type="checkbox"/> Good  <input type="checkbox"/> Excellent</p>	<p>25. How frequently do you pay your bills on time?</p> <p><input type="checkbox"/> Almost always  <input type="checkbox"/> Often  <input type="checkbox"/> Sometimes  <input type="checkbox"/> Rarely  <input type="checkbox"/> Never</p>

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**Specialist:**

**POP site:**

**Date:**