OMB Control #1505-XXXX 

**SURVEY ABOUT FINANCES**

BACKGROUND INFORMATION

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

USE OF FINANCIAL SERVICES

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

FINANCIAL INFORMATION

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| --- | --- | --- | --- | --- |
| 14. If you had an unexpected expense or emergency of $500, how confident are you that you could pay it?  Not at all  A little  Somewhat  Very  Extremely | 15. Do you use a budget or spending plan?  Yes  No | 16. Have you viewed your credit report in the past 12 months?  Yes  No | | |
| 17. Are you saving regularly?  Yes  No  18. Do you have any savings?  Yes  No | | 19. If you have savings, about how much money do you have saved?    $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 20. About how often do you contribute to savings?  Weekly  Every two weeks  Monthly  Several times a year  Once per year  Less than once per year  Never, do not contribute to savings | 21. How often is your household able to pay all bills, such as rent /mortgage, utilities, food, etc?  Almost always  Often  Sometimes  Rarely  Never | | | 22. Do you trust banks?  Not at all  A little  Somewhat  Very  Extremely |
| 23. How much control do you feel over your finances?  No control  A little control  In control  Very in control  Extremely in control | 24. How would you rate your understanding of money-management?  Very bad  Poor  Fair  Good  Excellent | | | 25. How frequently do you pay your bills on time?  Almost always  Often  Sometimes  Rarely  Never |

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