OMB Control #1505-XXXX 

**SURVEY ABOUT FINANCES**

BACKGROUND INFORMATION

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| 1. Last Name:  | 2. First Name: | 3. Date of Birth: |
| 4. Are you of Hispanic or Latino origin?[ ]  Yes[ ]  No[ ]  Prefer not to answer5. 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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| **Paperwork Reduction Act Notice**Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number. The estimated time to complete this survey is 20 minutes. To provide comment on this survey, please contact Louisa M. Quittman, Director, Community Programs, Office of Financial Education and Financial Access, US Department of the Treasury, 1500 Pennsylvania Ave., NW, Washington, DC 20220. This is an approved information collection under OMB #1505-XXXX |