

Script for Completing the Application Survey

At this point, we would like you to complete our program application survey that will help us understand the characteristics of people who are interested in financial coaching. The survey will take approximately 10 minutes. Completing the application form is voluntary. It is possible that you may find some of the survey questions to be personal; however, your information will be kept private and will help us to understand your financial background.

Please remember that the information that we collect in the application form and in the later outcomes survey will be kept private. This information will be combined with information from all other study participants and will not be reported or shared in a way that would allow anyone to link what you tell us with who you are. We will not publish your name or other personal identifying information in anything we write or talk about. We also will not share information that identifies you, including your name or information from your credit report, with anyone outside of the research team, including the Consumer Financial Protection Bureau. All of your answers will be stored in databases with secured password protection and accessed only by research staff who are committed to ensuring your privacy, and who have signed data privacy pledges.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid control number assigned by the Office of Management and Budget (OMB). The OMB control number for this collection is 3170-XXXX. The collection expires on XX/XX/XXXX. Also, a federal law called the Privacy Act directs how the federal government treats the personally identifiable information contained in your answers to these questions. To understand how and when your personally identifiable information may be shared, you can read the Privacy Act Statement on the CFPB's website at www.consumerfinance.gov and search for CFPB.021 Consumer Education and Engagement Records. Additionally, the CFPB will treat the information received from you consistent with its privacy regulations at 12 C.F.R. Part 1070, *et seq.* We anticipate this application form taking about 10 minutes of your time.

Also please remember that completing this form is voluntary; you can choose not to answer any question, and you can stop at any time.

Do you agree to complete the application survey?

[If Yes then continue]

Great, let's get started. Please fill it out the application survey as accurately as possible, and feel free to ask me any questions you have while completing it.

Appendix B

Financial Education Program Evaluation Support Services

Application Form

Name: _____

DOB: __/__/____

Social Security Number or Tax Identification Number: ____ - ____ - _____

Address: _____ Apt # _____

Telephone Number: (_____) _____ - _____

Cell phone number: (_____) _____ - _____

Email address: _____

Welcome to [insert organization name]! Please fill out the following survey.

1. Is this your first time at [Insert organization name] receiving services from this organization

- Yes
- No

2. How did you hear about the [Insert organization name]? [Note: For non-employer sites only]

- Referral from _____ (please write in)
- Recommendation from family/friends
- Saw an advertisement
- Other. **Please specify:** _____

3. What is your main reason for considering receiving help from this program?

4. In the last 5 years, have you asked for any advice from a financial professional about any of the following? (Select an answer for each)

	Yes	No
A. Debt Counseling		
B. Savings or Investments		
C. Taking out a mortgage or a loan		
D. Refinancing/re negotiating debt (including mortgage)		
E. Insurance of any type		
F. Tax planning		

5. Please tell us about yourself by filling in the following table:

Sex	# of people in your household (not including you, write in #'s)	Hispanic / Latino	Race (check all that apply)	Marital Status	Primary Language Spoken	Current Employment Status	Education Level (choose only one)
<input type="radio"/> Male <input type="radio"/> Female	# adults: _____ # children: _____	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Black/African American <input type="radio"/> Caucasian/White <input type="radio"/> American Indian, Aleut, Eskimo, Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/ Pacific Islander	<input type="radio"/> Never married <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed	<input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Haitian Creole <input type="radio"/> Mandarin <input type="radio"/> Other: _____	<input type="radio"/> Self-employed <input type="radio"/> Work full-time for an employer <input type="radio"/> Work part-time for an employer <input type="radio"/> Homemaker <input type="radio"/> Full-time student <input type="radio"/> Permanently sick, disabled, unable to work <input type="radio"/> Unable to work due to immigration status <input type="radio"/> Unemployed and actively seeking employment <input type="radio"/> Unemployed, and not seeking employment <input type="radio"/> Retired	<input type="radio"/> Less than HS Diploma <input type="radio"/> High school diploma or equivalent (GED) <input type="radio"/> Some post-secondary education <input type="radio"/> Certification from a vocational or technical training program <input type="radio"/> Associate's Degree <input type="radio"/> Bachelor's Degree <input type="radio"/> Master's or other graduate degree <input type="radio"/> Other <i>Specify:</i>

6. Were you born a US citizen?

- Yes (If yes, SKIP to question 10)
- No (If no, CONTINUE to question 7)

7. In what country were you born? _____

8. Are you currently a naturalized citizen?

- Yes
- No

9. Are you a permanent resident of the United States?

- Yes
- No

10. What are some of the goals you hope your financial coach can help you achieve? Please indicate whether or not any of the following are goals you wish to achieve, and if so, how close you feel you are to achieving this goal.

Goal		I have this goal		How much progress have you made towards this goal?			
		Yes	No	A lot of progress	Some progress	A little progress	No progress
A	Increase non-retirement savings or emergency / "rainy day" funds						
B	Increase retirement savings						
C	Increase savings for children's education						
D	Housing: home ownership/improvement apartment rental						
E	A big purchase, for example a car						
F	Education/training						
G	Starting/improving my own business						
H	Improving credit						
I	Paying down debts						
J	Improving my money management (budgeting) skills						
K	Improving my household's financial security/ be able to better take care of family/ live more comfortably						
L	Other goal. Please specify:						

11. What is your household's monthly income: _____

12. Please indicate if the amount you specified in Question 11 is:

- Before Taxes
- After Taxes

13. The following grid lists various cash accounts individuals sometimes have. Please indicate whether or not you have any of the following accounts by answering "yes" or "no", and if "yes," what your approximate current balance is.

Cash Accounts	Yes	No	Estimated Current Balance
A. Checking accounts			
B. Savings accounts			
C. Other cash accounts (e.g. money market accounts and savings certificates). Please specify:			

14. Do you have paychecks directly deposited into one of these accounts?

- Yes
- No
- Does not apply
- Don't know

15. How many active credit cards (not including prepaid or debit cards) do you currently have? Please write in the number: _____

16. How often is your household able to pay its bills on time? Please choose the most appropriate statement. *(Mark only one)*

- Most of the time (late 1 time or less per year)
- Very Often (late 2-3 times per year)
- Sometimes (late every other month)
- Rarely or never (late about every month)

17. Below is a list of financial alternatives to traditional banking services which are commonly used. Please indicate whether or not you have used the following activities in the past 3 months by answering "yes" or "no" for each one. For those you answer "yes," please also indicate the number of times you have done so in the past three months.

Activity	Yes	No	# times in past 3 months
A. I borrowed money from friends/family			
B. I obtained cash from a payday loan in anticipation of an upcoming paycheck.			
C. I sold or pawned something to a pawn shop.			
D. I obtained an auto title loan. (Auto title loans are loans where a car title is used to borrow money for a short period of time. They are NOT loans used to purchase an automobile.)			
E. Credit card cash advance			

18. Approximately how often do you put aside money for savings?

- Twice a month
- every 1-2 months
- 1-2 times per year
- Never
- Don't Know

19. Where do you typically put your savings? (Check all that apply)

- I have no savings at this time
- Savings account
- Checking account
- Savings bonds
- Keep cash at home
- Individual Development Account (IDA) or a matched savings account
- Individual Retirement Account (IRA) or 401K Account
- Somewhere else. **Please specify:** _____

20. Have you set aside emergency or rainy day funds that would cover your expenses in case of sickness, job loss, economic downturn, or other emergencies?

- Yes (Go to Question 21)
- No (SKIP Question 21)
- Don't know

21. If How much money have you set aside in your emergency fund? Please write in amount: _____

*Thank you very much for your time today. To help us be able to get back in touch with you in the future, we would like to collect the names, telephone numbers, and addresses of three people who will know how to reach you. Please tell me about people who live at **different** addresses. This information will be kept **strictly confidential** and will only be used if we are unable to contact you.*

CONTACT #1

Name: _____

Street Address: _____

Telephone Number: (_____) _____ - _____

Cell phone number: (_____) _____ - _____

Email address: _____

Relationship to you: _____

CONTACT #2

Name: _____

Street Address: _____

Telephone Number: (_____) _____ - _____

Cell phone number: (_____) _____ - _____

Email address: _____

Relationship to you: _____

CONTACT #3

Name: _____

Street Address: _____

Telephone Number: (_____) _____ - _____

Cell phone number: (_____) _____ - _____

Email address: _____

Relationship to you: _____