

Financial Wellness Appointment Checklist:

Pay stubs for each source of income in	the household (2 most recent for each)
☐ Checking Account Statements (3 most	recent)
☐ Housing Invoices (Rent/Mortgage/Asso	ociation Fees/Taxes/Home Insurance/Maintenance/Second Mortgage/etc.)
Utility Statements (Electric/Gas/Oil/W	ater/Sewer/etc.)
☐ Loan Statements (Vehicle/Student Loa	n/Other)
☐ Credit Card Statements	
Other Outstanding Debts or Bills (Cable	e, Satellite, Internet, Phone (cell/home), etc.)
Other Expense Information: Please estimate your average monthly spending	ng in the following areas:
Saving	Day Care
Groceries	Child Support/Alimony
Cigarettes/Tobacco	Sports/Hobbies
Transportation Pass	Entertainment/Eat-Out
Gasoline	Laundry/Dry Cleaning
Auto Insurance	School/Work Costs
Life Insurance	Other Taxes
Medical Insurance	Saving
Medical Care	Retirement
Prescriptions	Other
Church/Charity	Other