

**Assets for Arkansans**  
**Individual Development Account Program**  
**Financial Checkup**

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PARTICIPANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Have you made a list of specific financial goals and determined when you want to achieve them? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Have you started a savings account or an investment program to fund long-term goals such as retirement or a child's college education? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you have at least three months' expenses in a readily accessible account? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you think you are up-to-date on your knowledge of financial planning topics? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, what areas would you like to receive more information on?  
\_\_\_\_\_
5. Do you know how much you spend and save per month? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you have difficulty maintaining your savings account? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Do you have a checking account? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you keep accurate entries of all checking transactions? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Is your monthly income greater than your monthly expenses? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Do you save money from each paycheck? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, how much do you save? \_\_\_\_\_
10. Do you know your net worth? Yes \_\_\_\_\_ No \_\_\_\_\_
11. Are you paying off high-interest loans and credit cards as quickly as possible? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Do you have life insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
13. Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
14. Are your life, health and property adequately insured (with benefits large enough to cover a major loss from fire, theft, etc.?) Yes \_\_\_\_\_ No \_\_\_\_\_
15. Do you have a will? Yes \_\_\_\_\_ No \_\_\_\_\_
16. Do you have a copy of your credit report? Yes \_\_\_\_\_ No \_\_\_\_\_
17. Have you had difficulty obtaining credit? Yes \_\_\_\_\_ No \_\_\_\_\_
18. Do you own your home? Yes \_\_\_\_\_ No \_\_\_\_\_
19. Do you have a car? Yes \_\_\_\_\_ No \_\_\_\_\_
20. Do you have any special needs you would like assistance with or any further comments? \_\_\_\_\_