

ASSETS AND LIABILITIES

Participant Name: _____

Date Completed/Updated: _____

We are about to create a balance sheet. Do you want it to reflect just your own finances or the finances of your whole household?

(Note to participants: please make sure all of your answers stay consistent with your response to question above.)

Balance sheet reflects **participant only**

Balance sheet reflects **whole household**

ASSETS

| | |
|--|----|
| Checking Account(s) (total balance) | \$ |
| Savings Account(s) (total balance) | \$ |
| Cash - not in any type of account (total balance) | \$ |
| Vehicle 1 (market value) | \$ |
| Vehicle 2 (market value) | \$ |
| Vehicle 3, 4, 5, etc. (combined market value) | \$ |
| Primary Residence (market value) | \$ |
| Real Estate - other than Primary Residence (market value) | \$ |
| Other Investments/Assets - (total value) Stocks/Bonds/Mutual Funds/IRA/Retirement Accounts, etc. | \$ |
| College Savings Account (529 or other (total value) | \$ |
| Business (estimated market value) | \$ |
| Mortgage 1 - Primary Residence | \$ |
| Mortgage 2, 3, etc. - Primary Residence | \$ |
| Real Estate - other than Primary Residence | \$ |
| Property Tax | \$ |
| Condo/Townhome Fees/Assessments | \$ |
| Homeowner's Insurance | \$ |
| Home Maintenance (repairs, equipment, etc.) | \$ |
| Other housing expenses | \$ |

TOTAL ASSETS

\$

LIABILITIES

Housing

| | |
|---|----|
| Mortgage(s) - Primary Residence (combined loan balance) | \$ |
| Home Equity Lines of Credit - Primary Residence (portion used) | \$ |
| Real Estate - other than primary residence (combined lan balance) | \$ |

Total Housing

\$

Transportation

| | |
|--|----|
| Vehicle 1 (loan balance) | \$ |
| Vehicle 2 (loan balance) | \$ |
| Vehicle 3, 4, etc. (combined loan balance) | \$ |

Total Transportation

\$

Credit Cards/other Loan Balances

| | |
|---|----|
| Credit Cards(s) 9combined account balance) | \$ |
| Student Loans(s) (total balance) | \$ |
| Consumer Loans(s) (total balance) | \$ |
| Business Loans(s) (total balance) | \$ |
| Informal Loans(s) - money owed to family, friends, etc. (total balance) | \$ |

Total Credit Cards/Other Loan Balances

\$

Unpaid Bills (not in collections)

| | |
|--|----|
| Unpaid Utilities (total balance) | \$ |
| Unpaid Rent (total balance) | \$ |
| Unpaid Medical Bills (total balance) | \$ |
| Money owed to banks and/or credit unions, i.e. bank overdrafts, bounced checks (total balance) | \$ |
| Other (total balance) | \$ |

Total Unpaid Bills (not in collection)

\$

Collections/Judgements

| | |
|---|----|
| Medical Collections only (total balance) | \$ |
| All Other Collections (total balance) | \$ |
| Child Support in Arrears (total balance) | \$ |
| Back Taxes owed (total balance) | \$ |
| Other Public records (not including child support arrears and back taxes) | \$ |

Total Collections/Judgements

\$

TOTAL LIABILITIES

\$

Net Worth

TOTAL ASSETS \$ _____ TOTAL LIABILITIES \$ _____ TOTAL NEW WORTH \$ _____