

# PERSONAL INFORMATION

Date: \_\_\_\_\_

## YOUR INFORMATION

Please Print

I AM A:  STUDENT  CO-LEADER  LEADER

BUSINESS TITLE/OCCUPATION

YOUR TITLE:  MR  MRS  MISS  DR  REV

YOUR FIRST NAME

YOUR LAST NAME

SPOUSE IS A:  STUDENT  CO-LEADER  LEADER  NONPARTICIPANT

BUSINESS TITLE/OCCUPATION

SPOUSE'S TITLE:  MR  MRS  MISS  DR  REV

SPOUSE'S FIRST NAME

LAST NAME

YOUR HOME ADDRESS

CITY

ST/PROV

ZIP/POSTAL CODE

COUNTRY

HOME PHONE

WORK PHONE

E-MAIL ADDRESS

## CHURCH INFORMATION

CHURCH NAME

CITY

ST/PROV

ZIP/POSTAL CODE

COUNTRY

## LEADER INFORMATION

YOUR LEADER'S FIRST NAME

LAST NAME

CO-LEADER'S FIRST NAME

LAST NAME

This form may be completed online by visiting [www.crown.org/piform.asp](http://www.crown.org/piform.asp).

# Personal Financial Statement

Date: \_\_\_\_\_

## ASSETS (Present Market Value)

Cash on hand/ Checking account	<input type="text"/>
Savings	<input type="text"/>
Stocks and bonds	<input type="text"/>
Cash value of life insurance	<input type="text"/>
Coins	<input type="text"/>
Home	<input type="text"/>
Other real estate	<input type="text"/>
Mortgages/Notes receivable	<input type="text"/>
Business valuation	<input type="text"/>
Automobiles	<input type="text"/>
Furniture	<input type="text"/>
Jewelry	<input type="text"/>
Other personal property	<input type="text"/>
Pension/Retirement	<input type="text"/>
Other Assets	<input type="text"/>

**Total Assets:**

## LIABILITIES (Current amount owed)

Credit card debt	<input type="text"/>
Automobile loans	<input type="text"/>
Home mortgages	<input type="text"/>
Personal debt to relatives	<input type="text"/>
Business loans	<input type="text"/>
Educational loans	<input type="text"/>
Medical/Other past due bills	<input type="text"/>
Life insurance loans	<input type="text"/>
Bank loans	<input type="text"/>
Other debts and loans	<input type="text"/>

**Total Liabilities:**

**NET WORTH** (Total assets minus total liabilities)

Month  Year

# Monthly Budget

Category	INCOME	TITHE/GIVING	TAXES	HOUSING	FOOD	TRANSPORTATION	INSURANCE
BUDGETED AMOUNT	\$	\$	\$	\$	\$	\$	\$
Date							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
<b>This month SUBTOTAL</b>	\$	\$	\$	\$	\$	\$	\$
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
<b>This month TOTAL</b>	\$	\$	\$	\$	\$	\$	\$
<b>This month SURPLUS/DEFICIT</b>	\$	\$	\$	\$	\$	\$	\$
<b>Year to Date BUDGET</b>	\$	\$	\$	\$	\$	\$	\$
<b>Year to Date TOTAL</b>	\$	\$	\$	\$	\$	\$	\$
<b>Year to Date SURPLUS/DEFICIT</b>	\$	\$	\$	\$	\$	\$	\$

<b>BUDGET SUMMARY</b>	<b>This Month</b>	+	<b>Previous Month/Year to Date</b>	=	<b>Year to Date</b>
	Total Income \$ _____ Minus Total Expenses \$ _____ Equals Surplus/Deficit \$ _____		Total Income \$ _____ Minus Total Expenses \$ _____ Equals Surplus/Deficit \$ _____		Total Income \$ _____ Minus Total Expenses \$ _____ Equals Surplus/Deficit \$ _____

# Monthly Budget

Category	DEBTS	ENT./REC.	CLOTHING	SAVINGS	MEDICAL	MICELLANEOUS	INVESTMENTS	SCHOOL/DAYCARE
BUDGETED AMOUNT	\$	\$	\$	\$	\$	\$	\$	\$
Date								
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
This month SUBTOTAL	\$	\$	\$	\$	\$	\$	\$	\$
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
This month TOTAL	\$	\$	\$	\$	\$	\$	\$	\$
This month SURPLUS/DEFICIT	\$	\$	\$	\$	\$	\$	\$	\$
Year to Date BUDGET	\$	\$	\$	\$	\$	\$	\$	\$
Year to Date TOTAL	\$	\$	\$	\$	\$	\$	\$	\$
Year to Date SURPLUS/DEFICIT	\$	\$	\$	\$	\$	\$	\$	\$

# Quit Claim Deed

This Quit Claim Deed, Made the \_\_\_\_\_ day of \_\_\_\_\_

From: \_\_\_\_\_

To: The Lord

I (we) hereby transfer to the Lord the ownership of the following possessions:

Witnesses who hold me (us) accountable  
in the recognition of the Lord's ownership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Stewards of the possessions above:

\_\_\_\_\_  
\_\_\_\_\_

This instrument is not a binding legal document and cannot be used to transfer property.

# Financial Goals

Date: \_\_\_\_\_

## GIVING GOALS:

Would like to give \_\_\_\_\_ percent of my income.

Other giving goals: \_\_\_\_\_  
\_\_\_\_\_

## DEBT REPAYMENT GOALS:

Would like to pay off the following debts first:

Creditor	Amount
_____	_____
_____	_____
_____	_____
_____	_____

## EDUCATIONAL GOALS:

Would like to fund the following education:

Person	School	Annual Cost	Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other educational goals: \_\_\_\_\_  
\_\_\_\_\_

## LIFESTYLE GOALS:

Would like to make the following major purchases: (home, automobile, travel, etc.)

Item	Amount
_____	_____
_____	_____
_____	_____

Would like to achieve the following annual income: \_\_\_\_\_

**SAVINGS AND INVESTMENT GOALS:**

Would like to save \_\_\_\_ percent on my income.

Other savings goals: \_\_\_\_\_

\_\_\_\_\_

Would like to make the following investments:

Investment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would like to provide my/our heirs with the following: \_\_\_\_\_

\_\_\_\_\_

**STARTING A BUSINESS:**

Would like to invest in or begin my/our own business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Goals For This Year

I believe the Lord wants me/us to achieve the following goals this year:

Priority	Financial Goals	Our Part	God's Part
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

# Debt List

Date: \_\_\_\_\_

Creditor	Describe What Was Purchased	Monthly Payments	Balance Due	Scheduled Pay Off Date	Interest Rate	Payments Past Due
<b>Totals</b>						

Auto Loans		Monthly Payments	Balance Due	Scheduled Pay Off Date	Interest Rate	Payments Past Due
<b>Total Auto Loans</b>						

Home Mortgages		Monthly Payments	Balance Due	Scheduled Pay Off Date	Interest Rate	Payments Past Due
<b>Total Home Mortgages</b>						

Business/Investment Debt		Monthly Payments	Balance Due	Scheduled Pay Off Date	Interest Rate	Payments Past Due
<b>Total Business/Investment Debt</b>						

DEBT LIST











# Estimated Budget

## MONTHLY INCOME

<b>GROSS MONTHLY INCOME</b>	<input type="text"/>
Salary	_____
Interest	_____
Dividends	_____
Other Income	_____
<b>LESS</b>	
1. Tithe/Giving	<input type="text"/>
2. Taxes (Fed., State, FICA)	<input type="text"/>
<b>NET SPENDABLE INCOME</b>	<input type="text"/>

## MONTHLY LIVING EXPENSES

<b>3. Housing</b>	<input type="text"/>
Mortgage/Rent	_____
Insurance	_____
Property Taxes	_____
Electricity	_____
Gas	_____
Water	_____
Sanitation	_____
Telephone	_____
Maintenance	_____
Cable TV	_____
Other	_____
<b>4. Food</b>	<input type="text"/>
<b>5. Transportation</b>	<input type="text"/>
Payments	_____
Gas & Oil	_____
Insurance	_____
License/Taxes	_____
Maint./Repair/Replace	_____
Other	_____
<b>6. Insurance</b>	<input type="text"/>
Life	_____
Health	_____
Other	_____
<b>7. Debts</b>	<input type="text"/>

<b>8. Entertainment/Recreation</b>	<input type="text"/>
Eating Out	_____
Baby-sitters	_____
Activities/Trips	_____
Vacation	_____
Pets	_____
Other	_____

<b>9. Clothing</b>	<input type="text"/>
<b>10. Savings</b>	<input type="text"/>
<b>11. Medical Expenses</b>	<input type="text"/>
Doctor	_____
Dentist	_____
Prescriptions	_____
Other	_____

<b>12. Miscellaneous</b>	<input type="text"/>
Toiletries/Cosmetics	_____
Beauty/Barber	_____
Laundry/Cleaning	_____
Allowances	_____
Subscriptions	_____
Gifts (incl. Christmas)	_____
Cash	_____
Other	_____

<b>13. Investments</b>	<input type="text"/>
<b>14. School/Child Care</b>	<input type="text"/>
Tuition	_____
Materials	_____
Transportation	_____
Day Care	_____

<b>TOTAL LIVING EXPENSES</b>	<input type="text"/>
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## INCOME VS. LIVING EXPENSES

<b>NET SPENDABLE INCOME</b>	<input type="text"/>
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<b>LESS TOTAL LIVING EXPENSES</b>	<input type="text"/>
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<b>SURPLUS OR DEFICIT</b>	<input type="text"/>
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(Except auto & house payment; see page 25.)

ESTIMATED BUDGET

# Percentage Guide

<b>GROSS INCOME</b>	<b>25,000</b>	<b>35,000</b>	<b>45,000</b>	<b>55,000</b>	<b>85,000</b>	<b>125,000</b>
1. Tithe/Giving	2,500	3,500	4,500	5,500	8,500	12,500
2. Taxes <sup>1</sup>	3,250	6,650	9,000	11,550	18,000	30,000
<b>NET SPENDABLE</b>	<b>19,250</b>	<b>24,850</b>	<b>31,500</b>	<b>37,950</b>	<b>58,500</b>	<b>82,500</b>
3. Housing	38%	36%	32%	30%	30%	30%
4. Food	14%	12%	12%	12%	11%	11%
5. Transportation	14%	12%	13%	13%	13%	12%
6. Insurance	5%	5%	5%	5%	5%	5%
7. Debts	5%	5%	5%	5%	5%	5%
8. Entertainment/ Recreation	4%	6%	7%	7%	7%	8%
9. Clothing	5%	5%	5%	6%	7%	7%
10. Savings	5%	5%	5%	5%	5%	5%
11. Medical / Dental	5%	4%	4%	4%	4%	4%
12. Miscellaneous	5%	5%	5%	5%	5%	5%
13. Investments <sup>2</sup>	0%	5%	7%	8%	8%	8%
If you have school/child care expenses, these percentages must be deducted from other categories.						
14. School/Child Care	8%	6%	5%	5%	5%	5%

1. The tax category includes taxes for Social Security and a small amount for state taxes. To be completely accurate, you will need to calculate your actual taxes. The tax code changes regularly. Please be sure to insert your actual tax into this category.
2. This category is used to fund long-term goals such as college education or retirement.

# Percentage Budget

ANNUAL INCOME: \$ \_\_\_\_\_

Gross Monthly Income	<input type="text"/>
1. Tithe/Giving	<input type="text"/>
2. Tax	<input type="text"/>
Net Spendable Income	<input type="text"/>

SPENDING CATEGORY	PERCENTAGE		NET SPENDABLE INCOME		AMOUNT
3. Housing	_____	x	_____	=	<input type="text"/>
4. Food	_____	x	_____	=	<input type="text"/>
5. Transportation	_____	x	_____	=	<input type="text"/>
6. Insurance	_____	x	_____	=	<input type="text"/>
7. Debts	_____	x	_____	=	<input type="text"/>
8. Entertainment/Recreation	_____	x	_____	=	<input type="text"/>
9. Clothing	_____	x	_____	=	<input type="text"/>
10. Savings	_____	x	_____	=	<input type="text"/>
11. Medical/Dental	_____	x	_____	=	<input type="text"/>
12. Miscellaneous	_____	x	_____	=	<input type="text"/>
13. Investments	_____	x	_____	=	<input type="text"/>
14. School/Child Care <sup>1</sup>	_____	x	_____	=	<input type="text"/>
<b>TOTAL: (cannot exceed Net Spendable Income)</b>					<input type="text"/>

<sup>1</sup> If you have this expense, this percentage must be deducted from other budget categories.

# Organizing Your Estate

Date: \_\_\_\_\_

## WILL AND/OR TRUST

The Will (Trust) is located: \_\_\_\_\_

The person designated to carry out its provisions is: \_\_\_\_\_

If that person cannot or will not serve, the alternate is: \_\_\_\_\_

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

## INCOME BENEFITS

### 1. Company Benefits:

My/our heirs will begin receiving company benefits as follows: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2. Social Security Benefits:

To receive Social Security benefits, go in person to the Social Security office located at:

\_\_\_\_\_

This should be done promptly because a delay may void some of the benefits. When you go take the following: (1) my Social Security card; (2) my death certificate; (3) your birth certificate; (4) our marriage certificate; (5) birth certificates for each child.

### 3. Veterans' Benefits:

You are/are not eligible for veterans' benefits: \_\_\_\_\_

To receive these benefits you should do the following: \_\_\_\_\_

### 4. Life insurance coverage:

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Face Value: \_\_\_\_\_ Person insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Face Value: \_\_\_\_\_ Person insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Face Value: \_\_\_\_\_ Person insured: \_\_\_\_\_ Beneficiary: \_\_\_\_\_



## FAMILY INFORMATION

Family member's name:

\_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Social Security #: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Social Security #: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Social Security #: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Social Security #: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Social Security #: \_\_\_\_\_

## MILITARY SERVICE HISTORY

Branch of Service: \_\_\_\_\_ Service number: \_\_\_\_\_

Length of Service: \_\_\_\_\_ From: \_\_\_\_\_ Until: \_\_\_\_\_

Rank: \_\_\_\_\_ Location and description of important military documents:

\_\_\_\_\_  
\_\_\_\_\_

## FUNERAL INSTRUCTIONS

Funeral Home: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

My/our place of burial is located at: \_\_\_\_\_

\_\_\_\_\_

You request burial in the following manner: \_\_\_\_\_

\_\_\_\_\_

You request that memorial gifts be given to the following church/organization:

\_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_

# Life Insurance Worksheet

## GROSS MONTHLY INCOME

Present annual income needs: 53,200

Subtract deceased person's needs: 9,000

Subtract other income available:  
(Social Security, investments, retirement) 10,000

= Net annual income needed: 34,200

Net annual income needed, multiplied by  
12.5 (assumes an 8% after-tax investment  
return on insurance proceeds):

### Lump sum needs:

Debts: 8,000

Education: 20,000

Other: 0

Total lump sum needs:

**Total Life Insurance Needs:**

## GROSS MONTHLY INCOME

Present annual income needs: \_\_\_\_\_

Subtract deceased person's needs: \_\_\_\_\_

Subtract other income available:  
(Social Security, investments, retirement) \_\_\_\_\_

= Net annual income needed: \_\_\_\_\_

Net annual income needed, multiplied by  
12.5 (assumes an 8% after-tax investment  
return on insurance proceeds):

### Lump sum needs:

Debts: \_\_\_\_\_

Education: \_\_\_\_\_

Other: \_\_\_\_\_

Total lump sum needs:

**Total Life Insurance Needs:**

Once you have quantified your approximate life insurance needs, deduct the amount of your present life insurance coverage to determine whether you need additional life insurance. Then analyze your budget to determine how much new insurance you can afford. Seek counsel to decide the precise amount and type of insurance that would meet your needs and budget.

LIFE INSURANCE WORKSHEET

# Organizing Your Children

Date: \_\_\_\_\_

## LEARNING MONEY MANAGEMENT

### INCOME

Are your children receiving an income? \_\_\_\_\_

Are they performing routine chores around the house in return for their income? \_\_\_\_\_

Describe what they must purchase with their income: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### BUDGETING

Are your children budgeting? \_\_\_\_\_

Describe the method they are using to budget: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If your children are involved in the family budget, describe their participation:

\_\_\_\_\_  
\_\_\_\_\_

### SAVING AND INVESTMENTS

Is there a savings account opened in the name of your child? \_\_\_\_\_

Have you taught your child the concept of compound interest? \_\_\_\_\_

Describe the level of your child's understanding of how standard investments function (i.e., the stock market, bonds, real estate, insurance): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### DEBT

Have you taught your children the principles of debt? \_\_\_\_\_

Are they aware of the true cost of interest? \_\_\_\_\_

### GIVING

Have you taught your children the principles of giving? \_\_\_\_\_

Describe their giving? \_\_\_\_\_

# Organizing Your Children

## LEARNING MONEY MAKING—WORK

### ROUTINE RESPONSIBILITIES

Describe the routine unpaid chores each child is required to perform: \_\_\_\_\_

\_\_\_\_\_

How do you hold them accountable to be faithful with their chores? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EXPOSING YOUR CHILDREN TO YOUR WORK

Have you exposed your children to your means of making a living? \_\_\_\_\_

How would your children describe your job? \_\_\_\_\_

\_\_\_\_\_

Describe any way your children could participate in working with you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### EARNING EXTRA MONEY

Do your children have the opportunity to earn extra money working around the house?

\_\_\_\_\_

If so, describe these money making opportunities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WORKING FOR OTHERS

Describe the jobs your children perform for others: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### STRATEGY FOR INDEPENDENCE

Describe the strategy you will use to prepare your children to independently earn and manage their money by the time they leave your home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



1. What was the most valuable part of the study? Please be specific.

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2. Do you have any suggestions for improving any areas?

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3. Describe any insights that would help others.

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We would be very appreciative if you would share what the Lord has done in your life through this study, or if you have any practical hints that would be especially helpful for other people.

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