

FFT™ Balance Sheet assessment
Required elements are underlined.

Client Name: _____
Assessment Date: _____

Do you want the balance sheet to reflect just your own finances or the finances of your whole household? (Note to participants: please make sure all of your answers for this Balance Sheet assessment stay consistent with your response to this question.)

- Balance sheet reflects participant only or a household of one
 Balance sheet reflects whole household

Is this the first balance sheet created for this participant?

- Yes
 No*

Is this a partial or complete update of the balance sheet?

- Partial update
 Complete update

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)	\$ _____
Stocks, Bonds, Mutual Funds, and Similar Assets (total value)	\$ _____
IRA/Retirement Accounts (total value)	\$ _____
College Savings Account - 529 or Other (total value)	\$ _____
Business (estimated market value)	\$ _____
Other Assets (including cash value of life insurance, etc.)	\$ _____
Total Assets	\$ _____
Liabilities	
Housing Liabilities	
Mortgage(s) - Primary Residence (combined loan balance)	\$ _____
HELOC(s) - Primary Residence (portion used)	\$ _____
Real Estate - other than Primary Residence (combined loan balance)	\$ _____
Total Housing Liabilities	\$ _____
Transportation Liabilities	
Vehicle 1 (loan balance)	\$ _____
Vehicle 2 (loan balance)	\$ _____
Vehicle 3, 4, 5, etc. (combined loan balance)	\$ _____
Total Transportation Liabilities	\$ _____
Credit Cards/Other Loan Balances	
CC1, CC2, CC3, etc. (combined balance)	\$ _____
Student Loans(s) (total balance)	\$ _____
Consumer Loans(s) (total balance)	\$ _____
Business Loan(s) (total balance)	\$ _____
Informal Loan(s) - money owed to family, friends, etc. (total balance)	\$ _____
Total Credit Cards/Other Loan Balances	\$ _____
Unpaid Bills (not in collections/not charge-offs)	
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 Unpaid Bills (total balance)	\$ _____
Total Unpaid Bills (not in collections)	\$ _____
Collections/Charge-offs/Judgments	
Medical Collections/Charge-Offs Only (total balance)	\$ _____
All Other Collections/Charge-Offs (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 balance)	\$ _____
Total Collections/Charge-Offs/Judgments	\$ _____
Balance Sheet Calculations (auto calculated by system) [header]	
Total Assets	\$ _____
Total Liabilities	\$ _____
Total Net Worth	\$ _____
Notes	

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