

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.

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							
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	\$	\$	\$	\$	\$	\$	\$

BUDGET SUMMARY

This Month

Total Income	\$ _____
Minus Total Expenses	\$ _____
Equals Surplus/Deficit	\$ _____

+

Previous Month/Year to Date

Total Income	\$ _____
Minus Total Expenses	\$ _____
Equals Surplus/Deficit	\$ _____

=

Year to Date

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
Totals						

Auto Loans		Monthly Payments	Balance Due	Scheduled Pay Off Date	Interest Rate	Payments Past Due
Total Auto Loans						

Home Mortgages		Monthly Payments	Balance Due	Scheduled Pay Off Date	Interest Rate	Payments Past Due
Total Home Mortgages						

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

DEBT LIST

Estimated Budget

MONTHLY INCOME

GROSS MONTHLY INCOME	<input style="width: 80px;" type="text"/>
Salary _____	
Interest _____	
Dividends _____	
Other Income _____	
LESS	
1. Tithe/Giving	<input style="width: 80px;" type="text"/>
2. Taxes (Fed., State, FICA)	<input style="width: 80px;" type="text"/>
NET SPENDABLE INCOME	<input style="width: 80px;" type="text"/>

MONTHLY LIVING EXPENSES

3. Housing	<input style="width: 80px;" type="text"/>
Mortgage/Rent _____	
Insurance _____	
Property Taxes _____	
Electricity _____	
Gas _____	
Water _____	
Sanitation _____	
Telephone _____	
Maintenance _____	
Cable TV _____	
Other _____	
4. Food	<input style="width: 80px;" type="text"/>
5. Transportation	<input style="width: 80px;" type="text"/>
Payments _____	
Gas & Oil _____	
Insurance _____	
License/Taxes _____	
Maint./Repair/Replace _____	
Other _____	
6. Insurance	<input style="width: 80px;" type="text"/>
Life _____	
Health _____	
Other _____	
7. Debts	<input style="width: 80px;" type="text"/>

(Except auto & house payment; see page 25.)

8. Entertainment/Recreation	<input style="width: 80px;" type="text"/>
Eating Out _____	
Baby-sitters _____	
Activities/Trips _____	
Vacation _____	
Pets _____	
Other _____	

9. Clothing	<input style="width: 80px;" type="text"/>
10. Savings	<input style="width: 80px;" type="text"/>
11. Medical Expenses	<input style="width: 80px;" type="text"/>
Doctor _____	
Dentist _____	
Prescriptions _____	
Other _____	

12. Miscellaneous	<input style="width: 80px;" type="text"/>
Toiletries/Cosmetics _____	
Beauty/Barber _____	
Laundry/Cleaning _____	
Allowances _____	
Subscriptions _____	
Gifts (incl. Christmas) _____	
Cash _____	
Other _____	

13. Investments	<input style="width: 80px;" type="text"/>
14. School/Child Care	<input style="width: 80px;" type="text"/>
Tuition _____	
Materials _____	
Transportation _____	
Day Care _____	

TOTAL LIVING EXPENSES	<input style="width: 80px;" type="text"/>
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INCOME VS. LIVING EXPENSES

NET SPENDABLE INCOME	<input style="width: 80px;" type="text"/>
LESS TOTAL LIVING EXPENSES	<input style="width: 80px;" type="text"/>
SURPLUS OR DEFICIT	<input style="width: 80px;" type="text"/>

ESTIMATED BUDGET

Percentage Guide

GROSS INCOME	25,000	35,000	45,000	55,000	85,000	125,000
1. Tithe/Giving	2,500	3,500	4,500	5,500	8,500	12,500
2. Taxes ¹	3,250	6,650	9,000	11,550	18,000	30,000
NET SPENDABLE	19,250	24,850	31,500	37,950	58,500	82,500
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 ²	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 ¹	_____	x _____	= <input type="text"/>
TOTAL: (cannot exceed Net Spendable Income)			<input type="text"/>

¹ 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: _____
