

Financial Capability Toolkit

Priority	Three Minute Financial Assessment	Yes	More or less	Not yet
	1. Do you have a written financial action plan that includes short and long term goals?			
	2. Do you use a budget to manage money and track your income and expenses?			
	3. Do you review credit reports every four to six months and understand how to establish and protect your credit?			
	4. Do you feel in control of debts?			
	5. Do you know how different financial products work (bank accounts, credit cards, debit cards, loans)?			
	6. Do you know which benefits, subsidies and tax breaks you may qualify for?			

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P	E	N	N	Y
Purpose of savings	Estimated cost	Needed by date	Needed savings per month	Your reduced expense
:-----	\$-----	--/--/----	\$-----	:-----

My Goals

Make them S.M.A.R.T. → Specific, Measurable, Attainable, Realistic, Timely

1. Goal: _____ Date to be completed: _____

Action steps: 1. _____

2. _____

3. _____

4. _____