## **Biblical Financial Counseling Intake**

## **Personal Information**

Full Name
Date
Email
Linai
Phone
Address
Family 8 Household
Family & Household
Marital Status
Number of Dependents
Church Information
Home Church
Pastor/Elder Contact (if applicable)
Financial Situation
Current Employment Status
Estimated Manthly Uses abold because
Estimated Monthly Household Income
Estimated Monthly Expenses

Outstanding Debts (list and amounts)	
Assets (list and approximate values)	
Reason for Seeking Counseling	
Please briefly describe the main concerns or areas where you are seeking biblical financial guidance:	
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Goals	
What are your goals or desired outcomes for this counseling?	
What are your goals of desired outcomes for this counseling:	
Additional Information	
Is there anything else you would like your counselor to know?	