

PERSONAL INFORMATION

Thank you for taking a moment to fill out the personal information form below. For your convenience, this form may be folded, sealed, and mailed to Crown Financial Ministries postage paid (see the back of this form). To help save postage and processing costs, you may also fill out this form online at www.crown.org/piform.asp. Date: _____

YOUR INFORMATION

Please Print

I AM A: <input type="checkbox"/> STUDENT <input type="checkbox"/> CO-LEADER <input type="checkbox"/> LEADER	BUSINESS TITLE/OCCUPATION	
YOUR TITLE: <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> REV		
YOUR FIRST NAME	YOUR LAST NAME	
SPOUSE IS A: <input type="checkbox"/> STUDENT <input type="checkbox"/> CO-LEADER <input type="checkbox"/> LEADER <input type="checkbox"/> NONPARTICIPANT	BUSINESS TITLE/OCCUPATION	
SPOUSE'S TITLE: <input type="checkbox"/> MR <input type="checkbox"/> MRS <input type="checkbox"/> MISS <input type="checkbox"/> MS <input type="checkbox"/> DR <input type="checkbox"/> 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		
CHURCH ADDRESS		
CITY	ST/PROV	ZIP/POSTAL CODE
COUNTRY		

LEADER INFORMATION

YOUR LEADER'S FIRST NAME	LAST NAME
CO-LEADER'S FIRST NAME	LAST NAME

PERSONAL INFORMATION

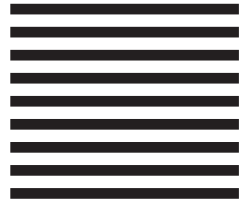


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Crown Financial Ministries
PO Box 100
Gainesville GA 30503-9931



Fold here

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Personal Financial Statement

Date: _____

ASSETS (Present Market Value)

Cash on hand/ Checking account	\$
Savings	
Stocks and bonds	
Cash value of life insurance	
Coins	
Home	
Other real estate	
Mortgages/Notes receivable	
Business valuation	
Automobiles	
Furniture	
Jewelry	
Other personal property	
Pension/Retirement	
Other Assets	

Total Assets \$

LIABILITIES (Current amount owed)

Credit card debt	\$
Automobile loans	
Home mortgages	
Personal debt to relatives	
Business loans	
Educational loans	
Medical/Other past due bills	
Life insurance loans	
Bank loans	
Other debts and loans	

Total Liabilities: \$

NET WORTH (Total assets minus total liabilities) \$

PERSONAL FINANCIAL STATEMENT

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	+	Previous Month/Year to Date	=	Year to Date
	Total Income \$ _____		Total Income \$ _____		Total Income \$ _____
	Minus Total Expenses \$ _____		Minus Total Expenses \$ _____		Minus Total Expenses \$ _____
	Equals Surplus/Deficit \$ _____		Equals Surplus/Deficit \$ _____		Equals Surplus/Deficit \$ _____

Monthly Budget

Category	DEBTS	ENT./REC.	CLOTHING	SAVINGS	MEDICAL	MISCELLANEOUS	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.

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						

D E B T L I S T

Estimated Budget

MONTHLY INCOME

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

MONTHLY LIVING EXPENSES

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

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

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

9. Clothing	<input type="text"/>
--------------------	----------------------

10. Savings	<input type="text"/>
--------------------	----------------------

11. Medical Expenses	<input type="text"/>
-----------------------------	----------------------

Doctor _____	
Dentist _____	
Prescriptions _____	
Other _____	

12. Miscellaneous	<input type="text"/>
--------------------------	----------------------

Toiletries/Cosmetics _____	
Beauty/Barber _____	
Laundry/Cleaning _____	
Allowances _____	
Subscriptions _____	
Gifts (incl. Christmas) _____	
Cash _____	
Other _____	

13. Investments	<input type="text"/>
------------------------	----------------------

14. School/Child Care	<input type="text"/>
------------------------------	----------------------

Tuition _____	
Materials _____	
Transportation _____	
Day Care _____	

TOTAL LIVING EXPENSES	<input type="text"/>
------------------------------	----------------------

INCOME VERSUS LIVING EXPENSES

NET SPENDABLE INCOME	<input type="text"/>
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LESS TOTAL LIVING EXPENSES	<input type="text"/>
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SURPLUS OR DEFICIT	<input type="text"/>
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ESTIMATED BUDGET

Percentage Guide

GROSS INCOME	\$25,000	35,000	45,000	55,000	85,000	115,000
1. Tithe/Giving	10%	10%	10%	10%	10%	10%
2. Taxes ¹	*2.7%	11.2%	14.8%	17.2%	23.5	26.3%
NET SPENDABLE	\$21,825	27,580	33,840	40,040	58,475	73,255
3. Housing	39%	36%	32%	30%	30%	29%
4. Food	15%	12%	13%	12%	11%	11%
5. Transportation	15%	12%	13%	14%	13%	13%
6. Insurance	5%	5%	5%	5%	5%	5%
7. Debts	5%	5%	5%	5%	5%	5%
8. Entertainment/ Recreation	3%	5%	5%	7%	7%	8%
9. Clothing	4%	5%	5%	6%	7%	7%
10. Savings	5%	5%	5%	5%	5%	5%
11. Medical / Dental	5%	6%	6%	5%	5%	5%
12. Miscellaneous	4%	4%	6%	6%	7%	7%
13. Investments ²	—	5%	5%	5%	5%	5%
If you have school/child care expenses, these percentages must be deducted from other categories.						
14. School/Child Care ³	8%	6%	5%	5%	5%	5%

¹ Guideline percentages for tax category include taxes for Social Security, federal, and a small estimated amount for state, based on 2002 rates. The tax code changes regularly. Please be sure to insert your actual tax into this category.

² This category is used for long-term investment planning, such as college education or retirement.

³ This category is added as a guide only. If you have this expense, the percentage shown must be deducted from other budget categories.

* In some cases earned income credit will apply. It may be possible to increase the number of deductions to lessen the amount of tax paid per month. Review the last tax return for specific information.

Note: The Percentage Guide is based on a married couple with two children.

Single adults should adjust the Percentage Guide as follows: Food 10-14%, Transportation 12-15%, Insurance 4%, Debts 5%, Entertainment/Recreation 6-8%, Clothing 5-7%, Savings 5-7%, Medical/Dental 5%, Miscellaneous 4-7%, Investments 5%, and School 0-7%.

Housing remains the same unless you have roommates. If you have roommates, reduce Housing to 25% and add the Housing surplus to the other categories.

Single parents should adjust the Percentage Guide as follows: Food 12-14%, Transportation 12-14%, Insurance 3-4%, Entertainment/Recreation 3-4%, Clothing 5-6%, and Miscellaneous 3-4%. The Percentage Guides for the other categories will remain the same.

Percentage Budget

ANNUAL INCOME: \$ _____

Gross Monthly Income	\$ <input type="text"/>
1. Tithe/Giving	<input type="text"/>
2. Taxes	<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 in:

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): 427,500

Lump sum needs:

Debts: 8,000

Education: 20,000

Other: 0

Total lump sum needs: \$ 28,000

Total Life Insurance Needs: \$ 455,500

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.

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, appliances)

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

	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: _____

Describe your standard of living you sense would please the Lord.

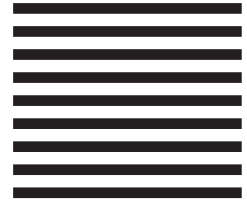


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PO Box 100
Gainesville GA 30503-9931



Please tri-fold and seal. Do not staple.

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

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

3. Describe any insights that would help others.

We would be very appreciate 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.
