

Primavera Foundation Homeownership Program – Orientation Survey

Please help us learn more about our program. Your answers will be kept private and won't affect your ability to receive services.

1. Date: _____ Name: _____

2. What are you hoping to get out of this program? (Check all that apply)
 - Learn how to manage my money
 - Improve my credit
 - Get help buying a home
 - Other _____

3. How often do you put money aside as saving?
 - On a regular basis
 - Every once in a while
 - Rarely
 - Never

4. Have you set aside funds that would cover your expenses if you or someone in your family lost a job, got sick, or had another emergency?
 - Yes
 - No

5. How secure do you feel your financial situation is right now?
 - Very secure
 - Secure
 - Somewhat secure
 - Not very secure
 - Not at all secure

6. Which of the following statements best describe how you keep track of your income?
 - I keep a written record of my income as it comes in.
 - I have a general idea of my income, but do not keep a written record as it occurs.
 - I do not keep track of my income.

7. Which of the following statements best describe how you keep track of your spending?

- I keep a written record of my spending as it occurs.
- I have a general idea of my spending, but do not keep a written record as it occurs.
- I do not keep track of my spending.

8. Regardless of whether or not you are always able to follow it, do you have some kind of written budget or spending plan?

- Yes
- No

9. In the last three months, which of the following services have you used? (Check all that apply)

- Traditional bank (i.e. Bank of America, Wells Fargo, Chase, etc.)
- Credit Union (i.e. Vantage West Credit Union, Pima Federal Credit Union, Hughes Federal Credit Union, etc.)
- Quick Cash Services (i.e. Quick Cash Pawn, Fast Cash, American Cash Pawn, Checks Cashed, etc.)
- Easy Access Loans (i.e. Title Max Loans, Quick Loans, Fast Loans, etc.)

10. How much do you feel you know about the following topics?

	Not at all	Somewhat	Very much
How to improve your credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to budget and manage your money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to protect your identity against financial fraud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to choose an appropriate home mortgage loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What factors determine whether you qualify for a home loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
I could handle a major unexpected expense	<input type="checkbox"/>				
I am securing my financial future	<input type="checkbox"/>				
Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>				
I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>				
I am just getting by financially	<input type="checkbox"/>				
I am concerned that the money I have or will save won't last	<input type="checkbox"/>				

12. How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>				
I have money left over at the end of the month	<input type="checkbox"/>				
I am behind with my finances	<input type="checkbox"/>				
My finances control my life	<input type="checkbox"/>				

13. How did you take the survey?

- I read the questions
- Someone read the questions to me

Thank you!

For office use only

Client Id: _____

(If more than one adults in the household go through program, the second adult's id should end with b).

Age: _____

Number of Adults in Family: _____

Number of Children in Family: _____

Credit Score: _____

Date of Credit Score: _____

Household monthly income: _____

Total savings: _____

Total debt: _____

Program (Check all that apply):

- Her Family
- Mis Abuelitos
- Financial capability
- Homeownership
- Everyone Wins
- Other: _____

Counselor: _____

Date Survey Entered in SM: _____