



# Member Assistance Program

If you are experiencing a financial hardship that is affecting your ability to make your payments, Coastal may be able to help through the many plans available under our Member Assistance Program. The information you provide, as well as your participation in the program, are completely confidential. The information you provide must be complete and accurate.

**Print, Complete and Mail to Member Assistance Team; P.O. Box 58429, Raleigh, NC 27658-8429 or Fax (919) 420-8080**

## Personal Information

Your Credit Union provides this form to assist you in setting up a budget to help you meet your current financial obligations and to plan for your future objectives. Completing this form with accurate and complete figures will enable you to see how and where your monthly income is being used.

Date \_\_\_\_\_ Acct# \_\_\_\_\_

**Full Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

Employer \_\_\_\_\_

Date Employed \_\_\_\_\_

Position \_\_\_\_\_

Payroll Dates \_\_\_\_\_

**Spouse Name** \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN# \_\_\_\_\_

Employer \_\_\_\_\_

Date Employed \_\_\_\_\_

Position \_\_\_\_\_

Payroll Dates \_\_\_\_\_

**Number of Dependents/Ages** \_\_\_\_\_

Auto-Year/Make \_\_\_\_\_

Auto-Year/Make \_\_\_\_\_

## Income Information

Your Gross Income \$ \_\_\_\_\_

Federal Tax Deductions \$ \_\_\_\_\_

State Tax Deductions \$ \_\_\_\_\_

Social Security Deductions \$ \_\_\_\_\_

Credit Union Deductions \$ \_\_\_\_\_

Other Deductions \$ \_\_\_\_\_

**NET TAKE HOME PAY** \$ \_\_\_\_\_

Spouse's Gross Income \$ \_\_\_\_\_

Federal Tax Deductions \$ \_\_\_\_\_

State Tax Deductions \$ \_\_\_\_\_

Social Security Deductions \$ \_\_\_\_\_

Credit Union Deductions \$ \_\_\_\_\_

Other Deductions \$ \_\_\_\_\_

**NET TAKE HOME PAY** \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_

Federal Tax Refund (*last year*) \$ \_\_\_\_\_

State Tax Refund (*last year*) \$ \_\_\_\_\_

### Checking Account Information

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

### Savings Account Information

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

## Living Expenses

Babysitting	_____	wk	Auto Registration/Repairs	_____	yr
Church	_____	wk	Birthdays/Weddings	_____	yr
Entertainment	_____	wk	Christmas	_____	yr
Gasoline	_____	wk	Clothing	_____	yr
Groceries	_____	wk	Education	_____	yr
Health/Beauty Aids	_____	wk	Home Repairs	_____	yr
Lunches	_____	wk	Magazines	_____	yr
Newspapers	_____	wk	Medical Bills/Medicine	_____	yr
Personal Cash	_____	wk	Union/Fraternal Dues	_____	yr
Savings	_____	wk	Vacation	_____	yr
Miscellaneous	_____	wk	Miscellaneous	_____	yr

<b>Obligations and Utilities</b>		<b>Balance</b>	<b>Payment Amount</b>	<b>Wk • Mo Qtr • Yr</b>	<b>Next Due Date</b>	<b>Purpose or Collateral</b>
<b>Housing</b>	Rent - Apartment/Lot			per		
	Mortgage			per		
	Taxes & Insurance			per		
	Taxes - City/Other			per		
<b>Utilities</b>	Telephone			per		
	Electric			per		
	Gas - Utility/Bottled			per		
	Fuel Oil			per		
	Cable TV			per		
	Water/Sewer			per		
	Garbage Collector			per		
<b>Insurance</b>	Auto			per		
	Home/Apartment			per		
	Life			per		
	Medical			per		
<b>Medical</b>	Doctor			per		
	Dentist			per		
	Hospital			per		
<b>Installment*</b> <i>List all installment loans, store accounts, credit cards</i>				per		
				per		
				per		
				per		
				per		
				per		
				per		
<b>Other</b> <i>Child support, alimony, etc.</i>				per		
				per		
				per		

\*If additional space is needed for "Installment Debts," please attach separate listing.

## Financial Goals/Needs

<p>Please list the goals you would like to achieve by each stated time period:</p> <p>3-6 months: _____          _____/Amount Needed \$ _____</p> <p>1-2 years: _____          _____/Amount Needed \$ _____</p> <p>3-5 years: _____          _____/Amount Needed \$ _____</p>	<p>Please list the condition of each and a brief statement of what expenditures may be expected in the next year:</p> <p>Automobile(s) _____</p> <p>Appliances _____</p> <p>Housing _____</p> <p>Health _____</p> <p>Other _____</p> <p>_____</p>
---	---

For more information email: [map@coastalfcu.org](mailto:map@coastalfcu.org)

## Net Worth Statement

In its simplest form, a net worth statement is what you own minus what you owe.  
Take some time to calculate your net worth and update it once each year.

Assets	
Cash on hand	\$
Cash in checking accounts	\$
Cash in savings accounts	\$
Current value of US savings bonds	\$
Cash value of insurance policies	\$
Equity pensions	\$
Current value of annuities	\$
Retirement funds (IRA, 401(k), 403(b), etc)	\$
Market value of securities	
Stocks	\$
Bonds	\$
Mutual funds	\$
Cash value of personal property	\$
Automobile	\$
Furniture	\$
Appliances	\$
Other (antiques, furs, jewelry, art, etc.)	\$
Other assets	\$
<b>Total Assets</b>	<b>\$</b>

Liabilities	
Balance on mortgages	\$
Balance due on installment debts; i.e. automobile loans	\$
Balance due on charge cards	\$
Personal loans	\$
Current bills outstanding	\$
Taxes due	\$
Other liabilities	\$
<b>Total Liabilities</b>	<b>\$</b>

Net Worth	
<b>Total Assets</b>	<b>\$</b>
<b>Minus Total Liabilities</b>	<b>- \$</b>
<b>Total Net Worth</b>	<b>\$</b>