



BUDGET COUNSELING AGREEMENT

The purpose of this budget counseling agreement form is to ensure a commitment of at least 4, 1-hour budget counseling sessions in effort to develop greater financial skills, financial stewardship, and longer-term financial sustainability.

CLIENT'S NAME:

LIFE SKILLS COACH:

DATE:

I _____ commit to at least 4, 1-hour budget counseling sessions with _____ to develop greater financial skills, financial stewardship, and longer term financial sustainability. I will do my best to attend budget counseling meetings on time and with the materials requested. I understand that if I'm approved to receive financial assistance through Doors of Hope, I am committing to at least 4, 1-hour budget counseling sessions within 3 months of receiving assistance.

CLIENT'S SIGNATURE: _____

DATE: _____

LIFE SKILLS COACH SIGNATURE: _____

DATE: _____