Identify Weaknesses and Take Action Toward Financial Success

Program Target:

- 1. Are you a first time business owner?
- 2. Are you the sole income provider for your family?
- 3. Do you have any experience in operating a business?
- 4. Can you manage finances, but not the other aspects of a business?
- 5. Do you operate your personal and business finances from the same account?
- 6. Can you manage many of the aspects of a business, but struggle with the finances?
- 7. Do you desire to start a business, but may be afraid you cannot manage the finances?
- 8. Do you and your spouse work in your business and only one of you manage the money?
- 9. Do you maintain a budget? If so, are your personal and business income and expenses included in the same budget?
- 10. Does your spouse bring in an income, but your business income seems to always fall short?
- 11. Are you facing financial difficulties that have left you confronting some tough decisions concerning your future?
- 12. Do you desire to have better control of your personal and/or business finances with accountability measures in place?
- 13. Does your financial status seem to be getting worse looking back over the past months and years even with income increases?
- 14. Are you tired of living week to week in your personal life finances and/or operating in the red in your business and don't know how to get ahead?

If you answered 'yes' to any of the questions 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, and 14 or 'no' to question 3 you need to consider joining this program.