



# **Worker-Owner Financial Health Survey**

Leveraging Financial Empowerment to  
Support Employee-Owned Businesses:  
Tools for Cooperative Developers

## **Worker-Owner Financial Health Survey**

You can use this survey to assess the overall financial health and financial service needs of worker cooperative members. To assess the financial health of an individual cooperative member, we recommend using the Financial Health Assessment. English and Spanish Survey Monkey versions of this survey are available. Please email the ICA Group for more information at [ica@ica-group.org](mailto:ica@ica-group.org)

## Financial Background

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**1. Do you have a checking account?**

- Yes
- No

**2. Do you have a savings account?**

- Yes
- No

**3. If you DO NOT have an account at a bank, why not? Please check all that apply.**

- I have judgments or liens
- Negative banking experience
- Unable to maintain minimum balance
- Other.

If other, please explain.

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**4. Do you know your credit score?**

- Yes
- No
- I'm not sure what a credit score is.

**5. Do you have health insurance? Please check all that apply.**

- No
- Yes, through my coop

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- Yes, public, city, state or federal
- Yes, I purchase it on my own

**6. Do you have a smartphone?**

- Yes
- No

**7. Do you have internet access at home or work that is available for personal use?**

- No
- Yes, at home
- Yes, at work
- Yes, at home and work

**8. What is your weekly household income after taxes? Estimates are fine.**

- Less than \$199
- \$200-\$399
- \$400-\$599
- \$600-\$799
- \$800-999
- \$1000 or more

**9. What are the sources of your income? Please check all that apply.**

- Wages from the coop
- Wages from another job
- Public Benefits (TANF, EBT, SNAP, etc)
- Social Security
- Unemployment
- Pension/Annuity
- Other, if other please explain

**10 How much do you have in total savings (ex. for retirement, education, cash)?**

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- \$0
- \$1 - \$999
- \$1000 - \$4,999
- \$5,000 - \$9,999
- \$10,000- \$19,999
- \$20,000- \$29,999

**11. Is there anything you are saving for RIGHT NOW? Please check all that apply.**

- Buy house/apartment in US
- Buy house/apartment in home country other than US
- Rent a better apartment
- Make home improvements
- Education for myself
- Education for other family members
- Business in US  
(ex. to invest in space or equipment)
- Business in home country
- Retirement
- Party/Celebration
- Emergency fund
- In case I lose my job
- Healthcare/Medical

**12. Is there anything you would LIKE TO BE saving for? Please check all that apply.**

- Buy house/apartment in US
- Buy house/apartment in home country other than US
- Rent a better apartment
- Make home improvements
- Education for myself
- Education for other family members
- Business in US  
(ex. to invest in space or equipment)
- Business in home country
- Retirement
- Party/Celebration
- Emergency fund
- In case I lose my job
- Healthcare/Medical

**13. How much do you have in total debt?**

- \$0
- \$1 - \$999

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- \$1000 - \$4,999
- \$5,000 - \$9,999
- \$10,000- \$19,999
- \$20,000- \$29,999
- \$30,000 or more

**14. What are the sources of your debt? Check all that apply.**

- Mortgage
- Rent Owned
- Car
- Childcare
- Medical Expenses
- Business Related
- Legal Expenses
- Consumer Debt (Credit Card)
- Other:

**15. Please indicate your agreement with the following statements.**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I am short of cash before payday.	<input type="checkbox"/>				
I am unable to meet my current financial needs with my current income.	<input type="checkbox"/>				

## Worker-Owner Financial Health Survey

I am worried about my finances.

I feel in control of my finances.

## Financial Services

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**16. Have you ever received coaching or assistance with planning your finances?**

Yes

No

**17. Have you ever taken a personal finance class or workshop?**

Yes

No

If yes, please tell us the name of the workshop, or a little about the content.

**18. Have you ever filed taxes?**

Yes

No

**19. Would you be interested in receiving free tax preparation services?**

Yes

No

I already receive free tax prep services.

If you already receive this service, please list who delivers them. For example, your employer, nonprofit, city, etc.

**20. Would you be interested in receiving assistance with benefits applications, such as for EBT/SNAP/ and Medicaid?**

- Not eligible/Can't access
- Yes
- No
- I already receive free tax prep services.

If you already receive this service, please list who delivers them. For example, your employer, nonprofit, city, etc.

**21. What kinds of personal financial assistance would you be interested in? Please check all that apply.**

- Using banking services, such as bank account, ATM card
- Direct deposit of paycheck
- Budgeting: how to reduce expenses, improve cash flow, make a budget
- Credit Score Improvement/Start building credit
- Getting a loan (other than home purchase)
- Home Ownership assistance
- Debt reduction assistance
- Saving services, for retirement, school, emergencies, etc.
- Foreclosure/Eviction prevention
- Loan for immigration status related expenses (applications, lawyer fee, parking)
- Other

## **Worker-Owner Financial Health Survey**

If other, please explain.

### **22. Have you heard of or used any of the following services?**

	<b>I have NOT heard of this program</b>	<b>I have heard of this program</b>	<b>I have used or currently use this program</b>
VITA: Volunteer Income Tax Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SaveUSA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earned Income Tax Credit (EITC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$aveNYC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Self Sufficiency Program (Dept. of Housing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NYC Safe Starts Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Current Co-op Practices**

**23. Does your coop offer any of the following? Please check all that apply.**

- Training about the business
- Training about personal finances
- Retirement Account
- Pays a living wage
- A structure for retaining patronage (internal capital accounts)
- Direct deposit
- Support in accessing other benefits, such as SNAP, Medicaid, etc
- Access to banking relationships, bank account
- Debt Reduction Assistance
- Small loan program
- Tax services for individual filings
- Other

**24. How do you receive your income from the coop?**

- Cash
- Prepaid Cards
- Direct Deposit
- Check cashed at the check casher
- Check that you deposit in a bank account
- Other. If other, please explain.

**Write-in Questions (Optional)**

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**27. What is your biggest financial challenge right now?**

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**28. What is your most important financial goal right now? Could be general, such as “save money,” or very specific, such as “save for my own education.”**

**29. How does being a member of the coop help you meet your financial goals?**

**Demographics**

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**30. If English is not your first language, how would you describe your level of English?**

- None/Very little
- Basic
- Intermediate
- Advanced
- Fluent/Near Fluent

**31. What is your age?**

- under 18

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- 18-25
- 26-35
- 36-45
- 46-55
- Older than 55

**32. How long have you lived in the United States?**

- I was born here, lived most or all of my life in the US
- Less than 1 year
- 1-5 years
- 5-10 years
- More than 10 years

**33. Which of the following describes your status in the US? This information, along with the entire survey, will be kept confidential.**

- U.S. Citizen
- U.S. resident (green Card)
- Updated Visa
- Undocumented
- Prefer not to answer
- Other, If other, please explain

**34. What is your gender?**

- Female
- Male
- Other

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- Choose not to respond
- If other, please specify if you'd like: \_\_\_\_\_

**35. How do you identify your race?**

- |   |                                       |  |   |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> White                            | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean                | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Chinese      | <input type="checkbox"/> Vietnamese            | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Latina                           | <input type="checkbox"/> Filipino     | <input type="checkbox"/> Other Asian           | <input type="checkbox"/> Choose not to respond  |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Japanese     | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Some other race        |

**36. What is the size of your household including yourself?**

- |                            |                                    |
|----------------------------|------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5         |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6         |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7         |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 8 or more |

**37. Highest level of education?**

- |  |  |
|--|--|
| <input type="checkbox"/> Less than high school           | <input type="checkbox"/> Four Year College                       |
| <input type="checkbox"/> High School/ GED                | <input type="checkbox"/> Graduate Degree                         |
| <input type="checkbox"/> Two Year College                | <input type="checkbox"/> Less than University Level- outside US  |
| <input type="checkbox"/> Vocational/Tech/Business School | <input type="checkbox"/> University level or higher – outside US |

**Thank you**

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