



Client's Name

Multi-Door Number

ASSETS

Please attach documentation

Real Estate (Please attach appraisals, current mortgage statements)

Property 1 - Address:

Property 2 - Address:

Purchase Price \$ _____

Purchase Price \$ _____

Purchase Date _____

Purchase Date _____

Current Value \$ _____

Current Value \$ _____

Outstanding Mortgage \$ _____

Outstanding Mortgage \$ _____

Other liens \$ _____

Other liens \$ _____

Estimated Equity \$ _____

Estimated Equity \$ _____

Name(s) on Title:

- Husband Wife Both
 Other _____

Name(s) on Title:

- Husband Wife Both
 Other _____

Name(s) on Mortgage:

- Husband Wife Both
 Other _____

Name(s) on Mortgage:

- Husband Wife Both
 Other _____

Name(s) on other Liens:

- Husband Wife Both
 Other _____

Name(s) on other Liens:

- Husband Wife Both
 Other _____

Bank Accounts (Please attach current statements)

| Name of Bank | Type of Account | Name(s) on Account | Current Balance (& date) | Account Number (last 4 digits) |
|--------------|-----------------|--------------------|--------------------------|--------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Pensions/Retirement Plans (Please attach plan statements, current personal benefits statements)

| Type of Plan | Name of Plan | Individual Covered | Current Value (& date) |
|--------------|--------------|--------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

IRAs (Please attach current statements)

| Type | Institution | Individual Covered | Current Value (& date) |
|-------|-------------|--------------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Stocks, Bonds, Notes (Please attach current statements)

| Name of Instrument | Type (and # of shares) | Estimated Value (& date) |
|--------------------|------------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Life Insurance (Please attach current statements)

| Name of Plan | Type of Plan (term, whole life, etc.) | Individual Covered by Plan | Beneficiaries | Face Value | Current Value |
|--------------|---------------------------------------|----------------------------|---------------|------------|---------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Business Or Professional Interests (Please attach appraisals, valuations)

| Type of Interest | Estimated Value |
|------------------|-----------------|
| _____ | _____ |
| _____ | _____ |

Automobiles (Please attach blue book values, current statements of liens)

| Model & Year | In Whose Possession | In Whose Name | Estimated Value | Lien |
|--------------|---------------------|---------------|-----------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Personal Property (Please attach supporting documentation for estimated values, such as receipts or appraisals, and current statements of liens. Attach list if necessary.)

| Property | In Whose Possession | In Whose Name | Estimated Value | Lien |
|----------|---------------------|---------------|-----------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Inheritance Or Trust Fund (Please attach current statements)

| From Whom | To Whom | Property | Effective Date | Estimated Value |
|-----------|---------|----------|----------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Other Assets (Please attach appraisals, current statements of liens)

| Type | In Whose Possession | Estimated Value | Lien |
|-------|---------------------|-----------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

2nd Trust/Home Equity Line(s) (Please attach current statements)

| Company | Account # (last 4 digits) | In Whose Name(s) | Monthly Payment | % Interest | Current Balance (& date) |
|---------|------------------------------|---------------------|--------------------|---------------|--------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Other Lien(s) on Property (Please attach current statements)

| Company | Account # (last 4 digits) | In Whose Name(s) | Monthly Payment | % Interest | Current Balance (& date) |
|---------|------------------------------|---------------------|--------------------|---------------|--------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Credit Cards (Please attach current statements)

| Card | Account # (last 4 digits) | In Whose Name(s) | Monthly Payment | % Interest | Current Balance (& date) |
|-------|------------------------------|---------------------|--------------------|---------------|--------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Loans (Please attach current statements of balances due)

| Creditor | In Whose Name(s) | Purpose | Terms | Current Balance (& date) |
|----------|---------------------|---------|-------|--------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| | | |
|--|-----------------------------------|----------|
| <u>Food</u> | | \$ _____ |
| <u>Drug Store Products</u> (do not include prescriptions) | | \$ _____ |
| <u>Clothing</u> | | \$ _____ |
| <u>Transportation</u> | | |
| Car Payment | | \$ _____ |
| Car Repairs/Maintenance | | \$ _____ |
| Insurance | | \$ _____ |
| Tags | | \$ _____ |
| Gas/Oil | | \$ _____ |
| Parking | | \$ _____ |
| Bus/Metro | | \$ _____ |
| Taxis | | \$ _____ |
| <u>Children's Expenses</u> | | |
| Child Care | | \$ _____ |
| Babysitting | | \$ _____ |
| School: | Tuition | \$ _____ |
| | Books/School Supplies | \$ _____ |
| | Fees (field trips, activities) | \$ _____ |
| | Uniforms | \$ _____ |
| | School lunch | \$ _____ |
| | Transportation | \$ _____ |
| | Tutoring | \$ _____ |
| Out-of-school Activities: | Sports | \$ _____ |
| | Lessons | \$ _____ |
| Unreimbursed medical expenses: | Doctor | \$ _____ |
| | Dentist | \$ _____ |
| | Orthodontist | \$ _____ |
| | Mental Health Professional | \$ _____ |

| | | |
|----------------------|---------------|----------|
| | Prescriptions | \$ _____ |
| | Eyeglasses | \$ _____ |
| Clothing | | \$ _____ |
| Allowance | | \$ _____ |
| Summer Camp/Expenses | | \$ _____ |
| Other: | _____ | \$ _____ |
| | _____ | \$ _____ |

Medical Expenses

| | | |
|--|----------------------------|----------|
| Health Insurance (if not taken as deduction from salary) | | \$ _____ |
| Eyeglasses | | \$ _____ |
| Unreimbursed expenses: | Doctor | \$ _____ |
| | Dentist | \$ _____ |
| | Mental Health Professional | \$ _____ |
| | Prescriptions | \$ _____ |

Insurance (if not taken as deduction from salary)

| | |
|------------|----------|
| Life | \$ _____ |
| Disability | \$ _____ |

Entertainment (please specify)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Vacations

| |
|----------|
| \$ _____ |
|----------|

Miscellaneous

| | |
|-------------------|----------|
| Cell phone, pager | \$ _____ |
| Dry Cleaning | \$ _____ |
| Hair Cuts/Salon | \$ _____ |
| Gifts | \$ _____ |
| Dues/Fees | \$ _____ |
| Newspapers | \$ _____ |
| Subscriptions | \$ _____ |
| Contributions | \$ _____ |

Other: _____ \$ _____

Monthly Payments - Old Debts

Closed credit card / store accounts

| Account | pay-off date | |
|---------|--------------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Student loan _____ \$ _____

Outstanding tax bills _____ \$ _____

_____ \$ _____

Other: _____ \$ _____

_____ \$ _____

Total Expenses \$ _____

Total Remaining (Or Deficit) Monthly \$ _____

Revised 4/26/22