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 □I □Other	Both	Name(s) on Title: □Husband □Wife □I □Other	Both
Name(s) on Mortgage: Husband Wife I Other	Both	Name(s) on Mortgage: □Husband □Wife □I □Other	Both
Name(s) on other Liens: Husband Wife I Other	Both	Name(s) on other Liens: □Husband □Wife □I □Other	Both

Bank Accounts (Please attach current statements)

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

Type of Plan	Name of .		Individual Covered	Current Value	(& date)
		·			
RAs (Please atta	ach current statemer	nts)			
Гуре	Institution		Individual Covered	Current Value	(& date)
		·			
Stocks, Bond	s, Notes (Please at	ttach current state	ments)		
Name of Instrum	ient .	Гуре (and # of sha	ures) Est	imated Value (& dat	te)
Life Insuranc	ce (Please attach cu	rrent statements)			
Name of Plan	Type of Plan (term, whole life, etc.)	Individual Covered by Plan	Beneficiaries	Face Value	Current Value
Business Or l	Professional Int	erests (Please at	tach appraisals, valua	tions)	
Type of Interest			Estimated V	alua.	

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

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)

Туре	In Whose Possession	Estimated Value	Lien

Please attach documentation

Real Estate - Property 1

Address:

Outstanding Mortgage (Please attach current statement and check off below what is included in the payment):

P rincipal	□ Interest	\Box P	roperty Taxes		Insurance
Company	Account # (last 4 digits)	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
2nd Trust/H	ome Equity Line(s)	(Please attach cur	rent statements)		
Company	Account # (last 4 digits)	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
Other Lien(s) on Property (Please	e attach current st	atements)		
Company	Account # (last 4 digits)	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
Real Estate	- Property 2				
Address:					
Outstanding payment):	Mortgage (Please atta	ch current statem	ent and check off	below what is in	cluded in the
P rincipal	□ Interest	□ P	roperty Taxes		Insurance

Company	Account # (last 4 digits)	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
Other Lien	(s) on Property (Ple	ease attach current sta	atements)		
Company	Account # (last 4 digits)	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
Credit Care	ds (Please attach curre	ent statements)			
Card	Account # (last 4 digits)	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
Loans (Pleas	e attach current stateme	ents of balances due)			
Creditor	In Whose Name(s)	Purpose		Terms	Current Balance (& date)

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

Creditor	In Whose Name(s)	Purpose	Terms	Current Balance (& date)
			<u> </u>	
			<u> </u>	

Other Debts (taxes, personal, etc.) (Please attach current statements of balances due)

I solemnly swear or affirm under criminal penalties for the making of a false statement that I have read the foregoing paper and that the factual statements made in it are true to the best of my personal knowledge, information and belief.

Date

Signature

EXPENSES / BUDGET

Please attach documentation

Total Gross Monthly Income	\$
Payroll Deductions Federal Tax State Tax Local Tax FICA Retirement Health Insurance Other:	\$
Total Deductions	\$
Total Net Monthly Income	\$
Month	ly Expenses
<u>Housing</u> Rent	\$
Insurance	\$
Mortgage (PITI) Principal and Interest Property Taxes Insurance	\$ \$ \$
Condo Fee	\$
Repairs/Maintenance	\$
Cleaning Service	\$
Yard Service	\$
<u>Utilities</u> Electricity	\$
Telephone	\$
Water	\$
Gas	\$
Fuel Oil	\$
Cable	\$
Internet	\$

Food		\$
Drug Store Products (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:		\$
		\$
<u>Medical Expenses</u> 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		\$

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