

Client's Name

Multi-Door Number

ASSETS

Please attach documentation

Real Estate

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

Name of Bank	Type of Account	Name(s) on Account	Current Balance (\$ date)	Account Number
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Stocks, Bonds, Notes

Name of Instrument	Type (and # of shares)	Estimated Value (& date)
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Business Or Professional Interests

Type of Interest	Estimated Value
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Inheritance Or Trust Fund

From Whom	To Whom	Property	Effective Date	Estimated Value
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Life Insurance

Name of Plan	Type of Plan (term, whole life, etc.)	Individual Covered by Plan	Beneficiaries	Face Value	Current Value
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Personal Property (include cars, attach list if necessary)

Property	In Whose Possession	In Whose Name	Estimated Value	Lien
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Pensions/Retirement Plans/IRAs

Type of Plan	Name of Plan	Individual Covered	Current Value (& date)
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Other Assets

Type	In Whose Possession	Estimated Value	Lien
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LIABILITIES /DEBTS
Please attach documentation

Real Estate - Property 1

Address:

Outstanding Mortgage (Please check what is included in the payments):

Principal	Interest	Property Taxes	Insurance		
Company	Account #	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)

2nd Trust/Home Equity Line(s)

Company	Account #	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
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Other Lien(s) on Property

Company	Account #	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
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Real Estate - Property 2

Address:

Outstanding Mortgage (Please check what is included in the payments):

Principal	Interest	Property Taxes	Insurance		
Company	Account #	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)

2nd Trust/Home Equity Line(s)

Company	Account #	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
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Other Lien(s) on Property

Company	Account #	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
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credit cards

Card	Account #	In Whose Name(s)	Monthly Payment	% Interest	Current Balance (& date)
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Loans

Creditor	In Whose Name(s)	Purpose	Terms	Current Balance (& date)
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Other Debts (IRS, personal, etc.)

Creditor	In Whose Name(s)	Purpose	Terms	Current Balance (& date)
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SWORN STATEMENT

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 \$

Total Net Monthly Income \$

Monthly Expenses

Housing

Rent \$

Insurance \$

Mortgage (PITI)

Principal and Interest

Property Taxes \$

Insurance \$

Condo Fee \$

Repairs/Maintenance \$

Cleaning Service \$

Yard Service \$

Utilities

Electricity \$

Telephone \$

Water \$

Gas \$

Fuel Oil \$

Cable \$

Internet \$

Food \$

Drug Store Products

(do not include prescriptions) \$

Clothing \$

Transportation

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	\$
Allowance		\$
Summer Camp/Expenses		\$
Other:		\$
		\$
<u>Medical Expenses</u>		
Insurance (if not taken as deduction from salary)		\$
Eyeglasses		\$
Unreimbursed expenses:	Doctor	\$
	Dentist	\$
	Orthodontist	\$
	Mental Health Professional	\$
	Prescriptions	\$

<u>Insurance</u> (if not taken as deduction from salary)	
Life	\$
Disability	\$
<u>Entertainment</u> (please specify)	\$
	\$
	\$
<u>Vacations</u>	\$
<u>Miscellaneous</u>	
Dry Cleaning	\$
Hair Cuts/Salon	\$
Gifts	\$
Dues/Fees	\$
Newspapers	\$
Subscriptions	\$
Contributions	\$
Other:	\$
Total Expense	\$
Total Remaining (Or Deficit Monthly)	\$