

Client Questionnaire

Date: _____

Your name (First, MI, Last): _____

Have you used any other names in the past 8 years? Yes No

If yes, please list other names used: _____

Social security no: _____ Date of birth: _____

Please check one: Single Married & together Married & separated Divorced Widowed

Spouse's name: _____

Have you used any other names in the past 8 years? Yes No

If yes, please list other names used: _____

Social security no: _____ Date of birth: _____

Street address: _____

City, state and zip code: _____

City or county in which you live: _____

Have you lived at this address for at least 180 days? Yes No Have you lived at this address for at least 2 years? Yes No

If you answered no to either of the above questions, please list your previous address:

Previous street address: _____

City, state and zip code: _____

Have you filed a bankruptcy case in the past 8 years? Yes No Has your spouse filed a bankruptcy case in the past 8 years? Yes No

If yes, which district/state? _____ If yes, which district/state? _____

Case number: _____ Case number: _____

Date filed: _____ Date filed: _____

Do you support any children, step-children, aged parents, younger siblings, etc.? If yes, please list below.

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

Name: _____ Age: _____ Relation: _____

List ALL real estate which you individually or jointly own.

This could include your primary residence (house, condo, etc.), additional residence (house, condo, etc.), rental property, burial plot, undeveloped land, and farm land.

Property #1 Address: _____

Description: _____ Owned by: Self Spouse Joint

1st Mortgage financed by: _____

Monthly payment: _____ How many payments are left? _____ Current value: _____

Does monthly payment include taxes/insurance? Yes No Current interest rate: _____

2nd Mortgage financed by: _____

Monthly payment: _____ How many payments are left? _____

Does monthly payment include taxes/insurance? Yes No Current interest rate: _____

Property #2 Address: _____

Description: _____ Owned by: Self Spouse Joint

1st Mortgage financed by: _____

Monthly payment: _____ How many payments are left? _____ Current value: _____

Does monthly payment include taxes/insurance? Yes No Current interest rate: _____

2nd Mortgage financed by: _____

Monthly payment: _____ How many payments are left? _____

Does monthly payment include taxes/insurance? Yes No Current interest rate: _____

Property #3 Address: _____

Description: _____ Owned by: Self Spouse Joint

1st Mortgage financed by: _____

Monthly payment: _____ How many payments are left? _____ Current value: _____

Does monthly payment include taxes/insurance? Yes No Current interest rate: _____

2nd Mortgage financed by: _____

Monthly payment: _____ How many payments are left? _____

Does monthly payment include taxes/insurance? Yes No Current interest rate: _____

If you have additional real property, please list the necessary information on a separate page and attach to this questionnaire.

Vehicle #1 Year: _____ Make: _____ Model: _____
Financed by: _____ Owned by: Self Spouse Joint
Monthly payment: _____ Mileage: _____ Current value: _____

Vehicle #2 Year: _____ Make: _____ Model: _____
Financed by: _____ Owned by: Self Spouse Joint
Monthly payment: _____ Mileage: _____ Current value: _____

Vehicle #3 Year: _____ Make: _____ Model: _____
Financed by: _____ Owned by: Self Spouse Joint
Monthly payment: _____ Mileage: _____ Current value: _____

Vehicle #4 Year: _____ Make: _____ Model: _____
Financed by: _____ Owned by: Self Spouse Joint
Monthly payment: _____ Mileage: _____ Current value: _____

How much cash do you usually have/have right now? _____

Checking #1 bank: _____ Last 4 digits of account no: _____
Current value: _____ Owned by: Self Spouse Joint

Checking #2 bank: _____ Last 4 digits of account no: _____
Current value: _____ Owned by: Self Spouse Joint

Checking #3 bank: _____ Last 4 digits of account no: _____
Current value: _____ Owned by: Self Spouse Joint

Checking #4 bank: _____ Last 4 digits of account no: _____
Current value: _____ Owned by: Self Spouse Joint

Savings #1 bank: _____ Last 4 digits of account no: _____
Current value: _____ Owned by: Self Spouse Joint

Savings #2 bank: _____ Last 4 digits of account no: _____
Current value: _____ Owned by: Self Spouse Joint

Savings #3 bank: _____ Last 4 digits of account no: _____
Current value: _____ Owned by: Self Spouse Joint

Savings #4 bank: _____ Last 4 digits of account no: _____
Current value: _____ Owned by: Self Spouse Joint

Custodial account #1 for: Child Parent Other Bank: _____
Other name on account: _____ Current Value: _____

Custodial account #2 for: Child Parent Other Bank: _____
Other name on account: _____ Current Value: _____

Custodial account #3 for: Child Parent Other Bank: _____
Other name on account: _____ Current Value: _____

Custodial account #4 for: Child Parent Other Bank: _____
Other name on account: _____ Current Value: _____

Do you have deposits with utility companies, rental companies, landlord, etc.? If yes, please list below.

Who: _____ Value: \$ _____

Who: _____ Value: \$ _____

Do you have life insurance? If yes, please list below.

Insurance Co. #1 _____ Through work? Yes No
Term Life? Yes No or Cash Value \$ _____

Insurance Co. #2 _____ Through work? Yes No
Term Life? Yes No or Cash Value \$ _____

Do you have any non-retirement annuities? If yes, please list.

Do you have any education/prepaid tuition plans? If yes, please list.

Do you have any retirement, pension and/or profit-sharing plans? If yes, please list.

Do you own any stocks, bonds, and/or mutual funds NOT included in a retirement plan? If yes, please list.

Does anyone owe you money? For example, does the IRS owe you a tax refund? If yes, please list.

Do you own any patents or copyrights? If yes, please list.

Has anyone recently died and left you something and/or are you expecting to inherit anything anytime soon? If yes, please list.

Please list all of your jewelry and watches, except for family heirlooms that have been passed down for generations. Please use pawn shop prices. If you have jewelry that is not valuable, it is considered to be "costume jewelry."

Watches #	\$ _____	Wedding/Engagement jewelry	\$ _____
Costume jewelry	\$ _____	Valuable jewelry:	\$ _____

For all items below, please use yard sale or thrift store prices.

Family Heirlooms

Family jewelry – description	_____	\$ _____
Family bible – description	_____	\$ _____
Inherited artwork – description	_____	\$ _____
Inherited antiques – description	_____	\$ _____
Other – description	_____	\$ _____

Art and Knick Knacks

Item #1 - description	_____	\$ _____
Item #2 – description	_____	\$ _____
Item #3 – description	_____	\$ _____

Kitchen and Dining Room - TOTAL \$ _____

Table(s) #	\$ _____	Chairs #	\$ _____	Cookware #	\$ _____
Microwave	\$ _____	Clothes Washer	\$ _____	Clothes Dryer	\$ _____
Dishes & Utensils	\$ _____	Other – description	_____		\$ _____

Living Room/Family Room - TOTAL \$ _____

Table(s) #	\$ _____	Chairs #	\$ _____	Lamps #	\$ _____
Sofa(s) #	\$ _____	Other – description	_____ \$ _____		

Bedrooms - TOTAL \$ _____

Table(s) #	\$ _____	Chairs #	\$ _____	Lamps #	\$ _____
Bed(s) #	\$ _____	Dresser(s) #	\$ _____	Clock(s) #	\$ _____
Vacuum(s) #	\$ _____	Sewing Machine(s) #	_____ \$ _____		
Sheets, Towels & Blankets #	\$ _____	Other – description	_____ \$ _____		

Entertainment & Electronics - TOTAL \$ _____

TV(s) #	\$ _____	Stereo(s) #	\$ _____
DVD/Blu-ray/VHS players #	\$ _____	DVD(s)/Blu-ray Disc(s) #	\$ _____
Game System(s) #	\$ _____	Game(s) #	\$ _____
Other - description	_____ \$ _____		

Clothing - TOTAL \$ _____

Ordinary clothes	\$ _____	Fur coat(s)	\$ _____
Particularly valuable clothes – description	_____ \$ _____		

Miscellaneous - TOTAL \$ _____

Sporting equipment – description	_____ \$ _____
Firearms – description	_____ \$ _____
House and garden tools – description	_____ \$ _____
Books – description	_____ \$ _____
Pets – description	_____ \$ _____

Tools used in your line of work/business – description _____ \$ _____

What line of work/business?

Monthly Income

DEBTOR

- | | | | |
|---------------------|------------|----------------------------------|----------------------------|
| 1. Name of Employer | Occupation | # of Years in Current Employment | Annual Salary/Compensation |
| 2. Name of Employer | Occupation | # of Years in Current Employment | Annual Salary/Compensation |

CO-DEBTOR

- | | | | |
|---------------------|------------|----------------------------------|---------------------|
| 1. Name of Employer | Occupation | # of Years in Current Employment | Annual Salary/Comp. |
| 2. Name of Employer | Occupation | # of Years in Current Employment | Annual Salary/Comp. |

Monthly Expenses

Mortgage #1	\$				
Includes real estate taxes?	Yes	No	Includes property insurance?	Yes	No
Mortgage #2	\$				
Rent	\$				
Home maintenance	\$		(includes repairs and upkeep)		
Gas/Electric	\$		Cell phone	\$	
Water/Sewer	\$		Internet	\$	
Home phone (landline)	\$		TV (cable, satellite, etc.)	\$	
Food	\$				
Clothing	\$		Laundry/Dry cleaning	\$	
Medical/Dental	\$		(include over the counter drugs & co-pays – NOT insurance payments)		
Auto – Gas	\$		Auto – Maintenance	\$	
Bus/Metro/Parking	\$				
Recreation/Entertainment	\$				
Charitable contributions	\$				
Home/Renters Insurance	\$		Life Insurance	\$	
Auto Insurance	\$		Other Insurance	\$	
Health Insurance (not deducted from your wages)	\$				
Taxes NOT deducted from your wages or included in mortgage payments	\$		Personal property taxes on vehicles	\$	

Car Payment #1	\$ _____	Furniture Payment	\$ _____
Car Payment #2	\$ _____	Other Installment Payment	\$ _____
Car Payment #3	\$ _____	Other Installment Payment	\$ _____
Car Payment #4	\$ _____	Other Installment Payment	\$ _____

Student Loan	\$ _____	Childcare/Babysitting	\$ _____
Spousal/Child Support	\$ _____	Support to other family members	\$ _____

Kids' Activities	\$ _____	Kids' Tutor	\$ _____
Hair/Salon/Personal Grooming	\$ _____	Gym	\$ _____
Pet Care	\$ _____	Home Security	\$ _____

Additional Monthly Income

Retirement	\$ _____	Social Security	\$ _____
Alimony/Child Support	\$ _____	VA Disability	\$ _____
Rental	\$ _____		

Do you expect your income or expenses to increase or decrease within the next year? Yes No
 If yes, please explain:

Do you have any ongoing medical issues? Yes No
 If yes, please explain:

Do you have debts that are NOT listed on your credit report? For example: property loans, rent, alimony, child support, personal loans, bank loans, credit cards, department store cards, gas cards, cash advances, medical bills, taxes, student loans, If so, please list.

Debt #1 – Creditor Name and Address _____

Date(s) debt was incurred _____ Acct # _____ Amount owed \$ _____

Debt #2 – Creditor Name and Address _____

Date(s) debt was incurred _____ Acct # _____ Amount owed \$ _____

Debt #3 – Creditor Name and Address _____

Date(s) debt was incurred _____ Acct # _____ Amount owed \$ _____

Debt #4 – Creditor Name and Address _____

Date(s) debt was incurred _____ Acct # _____ Amount owed \$ _____

Debt #5 – Creditor Name and Address _____

Date(s) debt was incurred _____ Acct # _____ Amount owed \$ _____

Debt #6 – Creditor Name and Address _____

Date(s) debt was incurred _____ Acct # _____ Amount owed \$ _____

Debt #7 – Creditor Name and Address _____

Date(s) debt was incurred _____ Acct # _____ Amount owed \$ _____

Debt #8 – Creditor Name and Address _____

Date(s) debt was incurred _____ Acct # _____ Amount owed \$ _____

Debt #9 – Creditor Name and Address _____

Date(s) debt was incurred _____ Acct # _____ Amount owed \$ _____

If you have additional debts NOT listed on your credit report, please list the necessary information on a separate page and attach to this questionnaire