

CLIENT INFORMATION SHEET

Today's Date: ___/___/___ Indicate How You Heard About Us Phone Book Referral

PERSONAL INFORMATION

Your Name:		Your Social Security #:	
Spouse's Name:		Spouse's Social Security #:	
Street Address:			
City:	State:	Zip Code:	County:
Your Phone #:		Your Work #:	
Spouse's Home # (If Separated):		Spouse's Work #	
Employer:		No. Of Dependents At Home:	
Nearest Relative's Name:		Relative's Phone #:	
Indicate If You Are: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
Do You <input type="checkbox"/> Own Your Own Home, Or <input type="checkbox"/> Do You Rent?			
Have You Ever Filed For Bankruptcy (Chpt. 7 Or Chpt. 13)?: <input type="checkbox"/> Yes, (Year filed _____) <input type="checkbox"/> No			
Do You Owe IRS? <input type="checkbox"/> Yes, Amount Owed \$ _____ <input type="checkbox"/> No			
Do You Owe State Taxes? <input type="checkbox"/> Yes, Amount Owed \$ _____ <input type="checkbox"/> No			
Do You Owe Back Child Support Or Alimony? <input type="checkbox"/> Yes, (Amount Owed \$ _____) <input type="checkbox"/> No			
Are Your Wages Being Garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do You Have Judgments Against You? <input type="checkbox"/> Yes <input type="checkbox"/> No			

SECURED LOANS ON REAL PROPERTY

List any Mortgages that you have on your family home, rental property, or other real estate:

Mortgage Company's Name	Monthly Note	Loan Balance	Value Of Property	No. Of Months Behind	Position Of Mtg. (1 st , 2 nd Etc.)
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

LOANS ON VEHICLES (INCLUDE BOATS, RV'S, MOTORCYCLES, ETC.)

Year	Make	Model	Creditor	Monthly Note	Amount Past Due	Payoff Balance	Value

ANSWER THE FOLLOWING ON ANY ASSETS THAT YOU OWN

List Year, Make And Model Of Any Vehicle That You Own ("paid for")

Do You Have An Interest In Inherited Property? No Yes, Please Describe:

Home Maintenance	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry And Dry Cleanings	\$	\$
Medical, Dental, Medicines	\$	\$
Newspapers, Magazines, School Books, Entertainment	\$	\$
Automobile Insurance	\$	\$
Other Ins. (Not Payroll Deducted)	\$	\$
Child Support Or Spousal Support (Not Payroll Deducted)	\$	\$
Day Care	\$	\$
Auto Payments (Total Of All Notes)	\$	\$
Taxes (Describe)	\$	\$
Transportation	\$	\$
Cigarettes	\$	\$
Other Expenses (i.e. tuition)	\$	\$
TOTAL EXPENSES:	\$	\$