



**Household Information**

**Client 1 Name** \_\_\_\_\_ Preferred Name \_\_\_\_\_ M/F Age \_\_\_\_ DOB \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Work Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 (Please Check Preferred) (Please Check Preferred)  
 Home Phone \_\_\_\_\_  Personal Email \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_  Business Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_  Alternate Email \_\_\_\_\_  
 Other Phone \_\_\_\_\_

**Client 2 Name** \_\_\_\_\_ Preferred Name \_\_\_\_\_ M/F Age \_\_\_\_ DOB \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Work Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 (Please Check Preferred) (Please Check Preferred)  
 Home Phone \_\_\_\_\_  Personal Email \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_  Business Email \_\_\_\_\_  
 Work Phone \_\_\_\_\_  Alternate Email \_\_\_\_\_  
 Other Phone \_\_\_\_\_

**Dependents**  
 Name \_\_\_\_\_ M/F DOB \_\_\_\_\_ Years Ed. \_\_\_\_  
 Name \_\_\_\_\_ M/F DOB \_\_\_\_\_ Years Ed. \_\_\_\_  
 Name \_\_\_\_\_ M/F DOB \_\_\_\_\_ Years Ed. \_\_\_\_  
 Name \_\_\_\_\_ M/F DOB \_\_\_\_\_ Years Ed. \_\_\_\_

To help guide our meeting today, I'd like to first discuss the personal, professional and financial goals that are most important and of greatest value/worth to you.

**Goals**

	<b>Short-term 1-3 years</b>	<b>Mid-Range 3-7 years</b>	<b>Long-Term 7+ years</b>
<input type="checkbox"/> Make a Major Purchase .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Build Retirement Wealth.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buy a New Home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Build Savings for Unexpected Expenses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reduce or Pay Off Mortgage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education Funding.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alternative Income in Case of Disability or Death .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Help Support Aging Parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pay Off Credit Cards/Debts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Start a Business.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When was the last time you reviewed your family's financial goals? \_\_\_\_\_

Do you have an established monthly budget? Y/N \_\_\_\_\_ Do you have a regular savings plan? Y/N \_\_\_\_\_

Is there a particular topic you want to make sure we cover in our time together today?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Income**

**Current Income**  
 (Include salary, bonuses, commissions, rental income, interest and dividends, alimony and child support, annuity or pension income, and any other income sources)

<b>Owner/Recipient</b>	<b>Source</b>	<b>Gross Amount</b>	<b>Frequency</b>	<b>Net Amount</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Client 1 Total Income** \_\_\_\_\_ **Client 2 Total Income** \_\_\_\_\_

**Total Combined Gross Household Income** \_\_\_\_\_

Current estimated combined effective tax rate \_\_\_\_\_ Did you have to pay taxes at your last filing? Y/N \_\_\_\_\_  
 Did you receive a tax refund last filing? Y/N \_\_\_\_\_ Refund amount \_\_\_\_\_

**Anticipated Future Income**  
 (include military or civil retirement, annuity or pension income, and any other retirement income sources)

<b>Owner/Recipient</b>	<b>Source</b>	<b>Gross Amount</b>	<b>Start Age/Year</b>	<b>Frequency</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you want to calculate including Social Security benefits? **Client 1** Y/N \_\_\_\_\_ Start Age \_\_\_\_\_ **Client 2** Y/N \_\_\_\_\_ Start Age \_\_\_\_\_  
 If yes, what is your current estimated monthly benefit? \_\_\_\_\_

**Employment**

	<b>Client 1</b>	<b>Client 2</b>
What is the name of your employer?	_____	_____
How long have you worked there?	_____	_____
What is your job title?	_____	_____
What are your specific job duties?	_____	_____
Describe the nature of the business	_____	_____
Who owns the business?	_____	_____
What is the business structure?	_____	_____
Do you see yourself retiring there?	_____	_____
What are your future career plans?	_____	_____

**Emergency Fund**

Number of months to provide Emergency Funds \_\_\_\_\_

Provide for:  All expenses  Only non-discretionary expenses

**OR:** How much do you need monthly in case of an emergency? \_\_\_\_\_

How much do you currently have saved in a dedicated emergency fund? \_\_\_\_\_

**Expenses**

	<b>Amount</b>	<b>Discretionary?</b>		<b>Amount</b>	<b>Discretionary?</b>
<b>Auto &amp; Transportation</b> .....	_____	<input type="checkbox"/>	<b>Mortgage/Rent Payment</b> .....	_____	<input type="checkbox"/>
Fuel.....	_____	<input type="checkbox"/>	Homeowners Insurance.....	_____	<input type="checkbox"/>
Insurance.....	_____	<input type="checkbox"/>	Principal & Interest.....	_____	<input type="checkbox"/>
Loan/Lease Payment.....	_____	<input type="checkbox"/>	Property Taxes.....	_____	<input type="checkbox"/>
Parking Tolls.....	_____	<input type="checkbox"/>	Other.....	_____	<input type="checkbox"/>
Public Transportation.....	_____	<input type="checkbox"/>			
Service.....	_____	<input type="checkbox"/>	<b>Other Debt Service Payments</b> .....	_____	<input type="checkbox"/>
Other.....	_____	<input type="checkbox"/>	Credit Cards.....	_____	<input type="checkbox"/>
			Personal Loans.....	_____	<input type="checkbox"/>
			Student Loans.....	_____	<input type="checkbox"/>

<b>Food</b> .....	<input type="checkbox"/>	<b>Other Monthly Expenses</b> .....	<input type="checkbox"/>
Dining Out.....	<input type="checkbox"/>	Alimony & Child Support.....	<input type="checkbox"/>
Groceries.....	<input type="checkbox"/>	Subscriptions/Memberships.....	<input type="checkbox"/>

<b>Health/Medical</b> .....	<input type="checkbox"/>	Tithe/Charity.....	<input type="checkbox"/>
Insurance Premiums.....	<input type="checkbox"/>	Travel & Entertainment.....	<input type="checkbox"/>
Prescriptions.....	<input type="checkbox"/>	Other.....	<input type="checkbox"/>
Other.....	<input type="checkbox"/>	Other.....	<input type="checkbox"/>

<b>Household</b> .....	<input type="checkbox"/>	<b>Utilities</b> .....	<input type="checkbox"/>
Child Care.....	<input type="checkbox"/>	Cable.....	<input type="checkbox"/>
Cleaning Services.....	<input type="checkbox"/>	Electric.....	<input type="checkbox"/>
Clothing.....	<input type="checkbox"/>	Gas.....	<input type="checkbox"/>
Educational.....	<input type="checkbox"/>	Internet.....	<input type="checkbox"/>
Gifts.....	<input type="checkbox"/>	Mobile Phones.....	<input type="checkbox"/>
Landscape Service.....	<input type="checkbox"/>	Phone.....	<input type="checkbox"/>
Personal Care.....	<input type="checkbox"/>	Trash Collection.....	<input type="checkbox"/>
Pet Care.....	<input type="checkbox"/>	Water.....	<input type="checkbox"/>
Sports and Lessons.....	<input type="checkbox"/>	Other.....	<input type="checkbox"/>
Other.....	<input type="checkbox"/>		

**Total Monthly Expenses:** \_\_\_\_\_ **Total Non-Discretionary Expenses:** \_\_\_\_\_

**Debts**

<b>Description</b>	<b>Lender</b>	<b>Original Term</b>	<b>Year</b>	<b>Balance</b>	<b>IR</b>	<b>Current Payment</b>	<b>Minimum Payment</b>
Mortgage 1 .....	_____	_____	_____	_____	_____%	_____	_____
Mortgage 2 or HELOC .....	_____	_____	_____	_____	_____%	_____	_____
Auto Loan .....	_____	_____	_____	_____	_____%	_____	_____
Student Loans .....	_____	_____	_____	_____	_____%	_____	_____
Credit Card .....	_____	_____	_____	_____	_____%	_____	_____
Credit Card .....	_____	_____	_____	_____	_____%	_____	_____
Credit Card .....	_____	_____	_____	_____	_____%	_____	_____
Credit Card .....	_____	_____	_____	_____	_____%	_____	_____
Personal Loan .....	_____	_____	_____	_____	_____%	_____	_____
Personal Loan .....	_____	_____	_____	_____	_____%	_____	_____
Other Loan .....	_____	_____	_____	_____	_____%	_____	_____
Other Loan .....	_____	_____	_____	_____	_____%	_____	_____