

**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 circle 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

1<sup>st</sup> Mortgage financed by: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ How many payments are left? \_\_\_\_\_ Current value: \_\_\_\_\_

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

2<sup>nd</sup> 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

1<sup>st</sup> Mortgage financed by: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ How many payments are left? \_\_\_\_\_ Current value: \_\_\_\_\_

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

2<sup>nd</sup> 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

1<sup>st</sup> Mortgage financed by: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ How many payments are left? \_\_\_\_\_ Current value: \_\_\_\_\_

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

2<sup>nd</sup> 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