

**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: \_\_\_\_\_

Recreational Vehicles This includes RV's, boats, trailers, quads, side by sides, dirt bikes, kayaks, canoes and mountain bikes

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 any non-retirement annuities? Yes No

Do you have any education/prepaid tuition plans? Yes No

Do you have any retirement, pension and/or profit-sharing plans? Yes No

Do you own any stocks, bonds, and/or mutual funds NOT included in a retirement plan? Yes No

Does anyone owe you money? For example, does the IRS owe you a tax refund? Yes No

Do you own any patents or copyrights? Yes No

Has anyone recently died and left you something and/or are you expecting to inherit anything anytime soon? Yes No

Have you paid any creditor more than \$600 in the past 90 days? Yes No

Have you paid a family member back on a loan, or paid a debt of a family member in the past year? Yes No

Have you made a charitable contribution of more than \$600 to any one charity in the past 2 years? Yes No

Have you given a gift of more than \$600 to any one person in the past 2 years? Yes No

Have you been sued, or do you have any lawsuits, court actions, administrative proceedings, in the past year? Yes No

Have you sold any property, real estate, cars, bonds, or other assets in a trust? Including vehicle trade-ins. Yes No

Do you have a trust agreement? Yes No Have you placed any assets in a trust? Yes No

Have you suffered a loss from fire, theft, casualty, or natural disaster in the past year? Yes No

Are you maintaining property belonging to someone else? Excluding rentals Yes No

Do you have a family farm, house, land, or lot that you have or could have any ownership in? Even if just a small percentage? Yes No

Do you operate a business in which you are paying business expenses? Yes No

Do you have any crypto currencies? Yes No

Do you have cash app, Venmo, or debit cards provided by your employer or government authority? Yes No

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	\$	_____	

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