

Client Questionnaire

Personal Information:

Name: _____ ☐ Mr. ☐ Ms.
First Middle Last Suffix

Maiden or Former Names used (in last eight years): _____

Social Security Number: _____ Date of Birth: _____

Marital Status: Single/never married ☐ Married & together ☐ Married & separated ☐ Divorced ☐ Widowed ☐

Spouse Information:

Name: _____ ☐ Mr. ☐ Ms.
First Middle Last Suffix

Maiden or Former names used (in last eight years): _____

Social Security Number: _____ Date of Birth: _____

Current Addresses:

Street address: _____

City, State, Zip Code: _____ County: _____

(If you have a different mailing address, please list):

Address: _____

Have you lived at this address for at least 180 days (6 months)? ☐ Yes ☐ No

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

Do you rent, own, or live with family? _____

Name of Landlord: _____ Address of Landlord: _____

Are you currently behind on rent? ☐ Yes ☐ No Do have an eviction action against you? ☐ Yes ☐ No

Prior address within last three years:

Address: _____ Dates of Occupancy: _____ to _____

Address: _____ Dates of Occupancy: _____ to _____

Prior Bankruptcy Cases: Have you ever filed a bankruptcy before? ☐ Yes ☐ No

In the last eight years? ☐ Yes ☐ No

If yes, in which district of which state was the case filed? _____

Case Number: _____ Date filed: _____

List all the members of your household:

Name: _____	Age: _____	Relation: _____
Name: _____	Age: _____	Relation: _____
Name: _____	Age: _____	Relation: _____
Name: _____	Age: _____	Relation: _____
Name: _____	Age: _____	Relation: _____

Your Property

Real Estate

List all real estate you individually or jointly own (your name is on the deed). This could include your primary residence (house, condo, etc.), additional residence (house, condo, etc.), rental property, burial plot, undeveloped land, and farmland.

Address & Description of Property	Owned by:	List all mortgages, home equity loans, and liens
Address: _____ _____ County: _____ <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other	Lender #1 Name: _____ Loan Balance: _____ Loan No.: _____ Monthly Payment: \$ _____ taxes and insurance if separate: \$ _____ Amount in Arrears: \$ _____ or # months not paid _____ <hr/> Lender #2 Name: _____ Loan Balance: _____ Loan No.: _____ Monthly Payment: \$ _____ taxes and insurance if separate: \$ _____ Amount in Arrears: \$ _____ or # months not paid _____
Address: _____ _____ County: _____ <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other	Lender #1 Name: _____ Loan Balance: _____ Loan No.: _____ Monthly Payment: \$ _____ taxes and insurance if separate: \$ _____ Amount in Arrears: \$ _____ or # months not paid _____ <hr/> Lender #2 Name: _____ Loan Balance: _____ Loan No.: _____ Monthly Payment: \$ _____ taxes and insurance if separate: \$ _____ Amount in Arrears: \$ _____ or # months not paid _____
Address: _____ _____ County: _____ <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other	Lender #1 Name: _____ Loan Balance: _____ Loan No.: _____ Monthly Payment: \$ _____ taxes and insurance if separate: \$ _____ Amount in Arrears: \$ _____ or # months not paid _____ <hr/> Lender #2 Name: _____ Loan Balance: _____ Loan No.: _____ Monthly Payment: \$ _____ taxes and insurance if separate: \$ _____ Amount in Arrears: \$ _____ or # months not paid _____

List any additional real property here with the same information:

Personal Property: Vehicles

Automobiles:

Vehicle 1: Owners: ☐ Self ☐ Spouse ☐ Other

Year: _____ Make: _____ Model: _____ Mileage: _____

Financed by: _____ Interest rate _____ Monthly payment: _____

Are your payments current? ☐ Yes ☐ No # of payments behind _____

Do you plan to keep or surrender this vehicle? ☐ Keep ☐ Surrender

Vehicle 2: Owners: ☐ Self ☐ Spouse. ☐ Other

Year: _____ Make: _____ Model: _____ Mileage: _____

Financed by: _____ Interest rate _____ Monthly payment: _____

Are your payments current? ☐ Yes ☐ No # of payments behind _____

Do you plan to keep or surrender this vehicle? ☐ Keep ☐ Surrender

Vehicle 3: Owners: ☐ Self ☐ Spouse ☐ Other

Year: _____ Make: _____ Model: _____ Mileage: _____

Financed by: _____ Interest rate _____ Monthly payment: _____

Are your payments current? ☐ Yes ☐ No # of payments behind _____

Do you plan to keep or surrender this vehicle? ☐ Keep ☐ Surrender

Vehicle 4: Owners: ☐ Self ☐ Spouse ☐ Other

Year: _____ Make: _____ Model: _____ Mileage: _____

Financed by: _____ Interest rate _____ Monthly payment: _____

Are your payments current? ☐ Yes ☐ No # of payments behind _____

Do you plan to keep or surrender this vehicle? ☐ Keep ☐ Surrender

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

Rec. Vehicle #1: Owners: ☐ Self. ☐ Spouse ☐ Other

Type of vehicle: _____ Year: _____ Make: _____ Model: _____

Financed by: _____ Interest rate _____ Monthly payment: _____

Are your payments current? ☐ Yes ☐ No # of payments behind _____

Do you plan to keep or surrender this vehicle? ☐ Keep ☐ Surrender

Rec. Vehicle #2: Owners: ☐ Self ☐ Spouse ☐ Other

Type of vehicle: _____ Year: _____ Make: _____ Model: _____

Financed by: _____ Interest rate _____ Monthly payment: _____

Are your payments current? ☐ Yes ☐ No # of payments behind _____

Do you plan to keep or surrender this vehicle? ☐ Keep ☐ Surrender

Rec. Vehicle #3: Owners: ☐ Self ☐ Spouse ☐ Other

Type of vehicle: _____ Year: _____ Make: _____ Model: _____

Financed by: _____ Interest rate _____ Monthly payment: _____

Are your payments current? ☐ Yes ☐ No # of payments behind _____

Do you plan to keep or surrender this vehicle? ☐ Keep ☐ Surrender

List any additional vehicles here with same information:

Personal Property: Financial

Cash on hand? Amount: _____

List all Checking, Savings, and Custodial Bank AccountsAccount # 1: Type of account: ☐Checking ☐Savings

Bank: _____ Last 4 digits of account # _____

Owners: ☐ Self ☐ Spouse ☐ Child ☐ Other Joint owner name: _____Account # 2: Type of account: ☐Checking ☐Savings

Bank: _____ Last 4 digits of account # _____

Owners: ☐ Self ☐ Spouse ☐ Child ☐ Other Joint owner name: _____Account # 3: Type of account: ☐Checking ☐Savings

Bank: _____ Last 4 digits of account # _____

Owners: ☐ Self ☐ Spouse ☐ Child ☐ Other Joint owner name: _____Account # 4: Type of account: ☐Checking ☐Savings

Bank: _____ Last 4 digits of account # _____

Owners: ☐ Self ☐ Spouse ☐ Child ☐ Other Joint owner name: _____Account # 5: Type of account: ☐Checking ☐Savings

Bank: _____ Last 4 digits of account # _____

Owners: ☐ Self ☐ Spouse ☐ Child ☐ Other Joint owner name: _____Account # 6: Type of account: ☐Checking ☐Savings

Bank: _____ Last 4 digits of account # _____

Owners: ☐ Self ☐ Spouse ☐ Child ☐ Other Joint owner name: _____Account # 7: Type of account: ☐Checking ☐Savings

Bank: _____ Last 4 digits of account # _____

Owners: ☐ Self ☐ Spouse ☐ Child ☐ Other Joint owner name: _____**Have you closed any bank accounts in the last year? ☐Yes ☐No**

Bank name: _____ Last 4 # of acct # _____ Date closed: _____ Balance at closing: _____

Bank name: _____ Last 4 # of acct # _____ Date closed: _____ Balance at closing: _____

Do you have any stocks/bonds/CDs/Mutual funds? ☐Yes ☐No _____Do you have any pensions/401ks/IRAs/profit sharing plans? ☐Yes ☐No _____Do you have any education/prepaid tuition plans? ☐Yes ☐No _____Do you have any non-retirement annuities? ☐Yes ☐No _____Do you have any life insurance policies? ☐Term Life ☐Whole Life _____Do you have any cryptocurrency accounts? ☐Yes ☐No _____Do you have: ☐Cash App ☐Venmo ☐PaypalDo you have debit cards provided by your employer or government authority? ☐Yes ☐NoDo you own any copyrights or patents? ☐Yes ☐No _____Does anyone owe you money? ☐Yes ☐No _____Are you expecting a tax refund this year? ☐Yes ☐No Amount expected: _____Do you have deposits with utility companies, rental companies, landlord, etc? ☐Yes ☐No

Who: _____ Value: \$ _____

Who: _____ Value: \$ _____

Personal Property: Household goods and items

Please check off all household goods that you own. If you own more than one of these items, place a number on the right side of the item. List the **yard sale value** of each item listed.

EXAMPLE:

LIVING ROOM:

Couch	<u>1</u>	\$ 150.00	Love Seat	<u> </u>	\$ <u> </u>
Chair	<u>3</u>	\$ 75.00	Tables	<u>1</u>	\$50.00

JĒWĒĻRŪ:

Wedding rings	\$	Costume Jewelry	\$
Engagement rings	\$	Valuable Jewelry	\$

CLOTHING:

Ordinary items	_____	\$ _____	Furs	_____	\$ _____
Valuable items		\$ _____			

LIVING ROOM:

Couch	_____	\$ _____	Love Seat	_____	\$ _____
Chairs	_____	\$ _____	Tables	_____	\$ _____
Lamps	_____	\$ _____	Console	_____	\$ _____

KITCHEN/DINING:

Tables		\$	Chairs		\$
China Cabinet		\$	Microwave		\$
Appliances		\$	Buffet		\$
Cookware/utensils		\$	Washer/Dryer		\$

BEDROOMS:

Beds	_____	\$ _____	Dressers	_____	\$ _____
Dressers	_____	\$ _____	Tables	_____	\$ _____
Lamps	_____	\$ _____	Linens	_____	\$ _____
Vacuum	_____	\$ _____			

ELECTRONICS:

Computers	_____	\$ _____	Stereo	_____	\$ _____
Game Systems	_____	\$ _____	Games	_____	\$ _____
Televisions	_____	\$ _____	Clocks	_____	\$ _____
Cell phones	_____	\$ _____	DVD/Blu-ray	_____	\$ _____

FAMILY HEIRLOOMS:

Family jewelry – description:	\$
Family bible – description:	\$
Inherited artwork – description:	\$
Inherited antiques – description:	\$

OTHER/ MISC ITEMS:

Tools used for work/business – description: _____	\$ _____
Sports equipment– description: _____	\$ _____
Pets/Animals – description: _____	\$ _____
Yard/Garden tools – description: _____	\$ _____
Firearms – description: _____	\$ _____
Books – description: _____	\$ _____
Artwork – description: _____	\$ _____

Any additional items not previously listed:

Current Income

Your Income

What is your occupation? _____

Name and address of employer:

How long employed there? _____

How often paid? ☐ once a week ☐ every two weeks
☐ twice a month ☐ once a month ☐ other _____

Do you receive any of the following:

Business income outside of your regular paycheck:

\$ _____

income from real estate property:

\$ _____

alimony or child support payments:

\$ _____

social security:

\$ _____

retirement or pension money:

\$ _____

disability income:

\$ _____

unemployment income:

\$ _____

support from family/friends:

\$ _____

Do you have any other sources of income not listed?

Spouse's Income

What is your occupation? _____

Name and address of employer:

How long employed there? _____

How often paid? ☐ once a week ☐ every two weeks
☐ twice a month ☐ once a month ☐ other _____

Does your spouse receive any of the following:

Business income outside of your regular paycheck:

\$ _____

income from real estate property:

\$ _____

alimony or child support payments:

\$ _____

social security:

\$ _____

retirement or pension money:

\$ _____

disability income:

\$ _____

unemployment income:

\$ _____

support from family/friends:

\$ _____

Does your spouse have any other income not listed?

Are you or your spouse expecting any increase or decrease in income or expenses in the next year? If so, please explain:

Do you have any ongoing medical issues? If so, please explain:

Current Expenses

Do you and your spouse maintain separate households? ☐ Yes ☐ No

Number of people in your household: _____

Indicate how much you pay for each item each month...

(If you are unsure of the monthly amount, estimate yearly and divide by 12)

your rent or your home mortgage	\$	insurance not deducted from paycheck	\$
real estate tax (if not included above)	\$	life insurance	\$
property insurance (if not included above)	\$	health insurance	\$
HOA	\$	other insurance _____	\$
Renter's Insurance	\$	taxes not deducted from paycheck	\$
home maintenance, including repairs and general upkeep	\$	auto insurance	\$
electricity and heating	\$	Personal property taxes on vehicles	\$
water and sewage	\$	car payment #1	\$
telephone service/ cell phone	\$	car payment #2	\$
internet	\$	car payment #3	\$
cable/television	\$	car payment #4	\$
		other installment payments for car, furniture, etc. (specify)	\$
food and cleaning products	\$	_____	\$
clothing	\$	_____	\$
laundry and dry cleaning	\$	alimony/support not deducted from paycheck	\$
personal products and services	\$	payments for support of dependents not living at home	\$
medical and dental expenses (not included in insurance)	\$	support to other family members	\$
childcare	\$	student loan (monthly amount)	\$
gas	\$	pet care	\$
car maintenance	\$	gym	\$
tolls/bus/metro/parking	\$	home security	\$
entertainment, recreation, dining out, subscription services	\$	kids activities/tutors	\$
charitable/church contributions	\$	other _____	\$
		other _____	\$
		other _____	\$

Do you pay court ordered alimony or child support? ☐ Yes ☐ No

Name and address of recipient: _____

Additional Questions

If you check yes for any questions below, please provide an explanation.

1. Are you currently being garnished? ☐ Yes ☐ No
 2. Have you had any property repossessed or foreclosed? ☐ Yes ☐ No
 3. Has a creditor or bank made setoffs against a debt or deposit of yours in the last 90 days? ☐ Yes ☐ No
 4. Has anyone recently died and left you something and/or are you expecting to inherit anything anytime soon? ☐ Yes ☐ No
 5. Have you paid any creditor more than \$600 in the past 90 days? ☐ Yes ☐ No
 6. Have you paid a family member back on a loan, or paid a debt of a family member in the past year? ☐ Yes ☐ No
 7. Have you made a charitable contribution of more than \$600 to any one charity in the past 2 years? ☐ Yes ☐ No
 8. Have you given a gift of more than \$600 to any one person in the past 2 years? ☐ Yes ☐ No
 9. Have you been sued, or do you have any lawsuits, court actions, administrative proceedings, in the past year? ☐ Yes ☐ No
 10. Have you sold any property, real estate, cars, bonds, or other assets in the last four years? Including vehicle trade-ins. ☐ Yes ☐ No
 11. Do you have a trust agreement? ☐ Yes ☐ No Have you placed any assets in a trust? ☐ Yes ☐ No
 12. Have you suffered a loss from fire, theft, casualty, or natural disaster in the past year? ☐ Yes ☐ No
 13. Are you maintaining property belonging to someone else? (Excluding rentals) ☐ Yes ☐ No
 14. 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
 15. Have you owned or operated a business in the last four years? ☐ Yes ☐ No
 16. Do you have a storage unit? ☐ Yes ☐ No Do you have a safe deposit box? ☐ Yes ☐ No
- Where is it located? _____ What are the contents? _____

Debts

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:

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
Amount owed: _____

Creditor Name: _____
Address: _____

Acct#: _____ Date incurred: _____
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