

# 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 _____
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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 Accounts**

Account # 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 Paypal

Do you have debit cards provided by your employer or government authority? Yes  No

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

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**JEWELRY:**

Wedding rings	<u>        </u>	<u>\$        </u>	Costume Jewelry	<u>        </u>	<u>\$        </u>
Engagement rings	<u>        </u>	<u>\$        </u>	Valuable Jewelry	<u>        </u>	<u>\$        </u>

**CLOTHING:**

Ordinary items	<u>        </u>	<u>\$        </u>	Furs	<u>        </u>	<u>\$        </u>
Valuable items	<u>        </u>	<u>\$        </u>			

**LIVING ROOM:**

Couch	<u>        </u>	<u>\$        </u>	Love Seat	<u>        </u>	<u>\$        </u>
Chairs	<u>        </u>	<u>\$        </u>	Tables	<u>        </u>	<u>\$        </u>
Lamps	<u>        </u>	<u>\$        </u>	Console	<u>        </u>	<u>\$        </u>

**KITCHEN/DINING:**

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

**BEDROOMS:**

Beds	<u>        </u>	<u>\$        </u>	Dressers	<u>        </u>	<u>\$        </u>
Dressers	<u>        </u>	<u>\$        </u>	Tables	<u>        </u>	<u>\$        </u>
Lamps	<u>        </u>	<u>\$        </u>	Linens	<u>        </u>	<u>\$        </u>
Vacuum	<u>        </u>	<u>\$        </u>			

**ELECTRONICS:**

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

**FAMILY HEIRLOOMS:**

Family jewelry – description: _____	<u>\$        </u>
Family bible – description: _____	<u>\$        </u>
Inherited artwork – description: _____	<u>\$        </u>
Inherited antiques – description: _____	<u>\$        </u>

**OTHER/ MISC ITEMS:**

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

**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	\$
food and cleaning products	\$	other installment payments for car, furniture, etc. (specify)	\$
clothing	\$	_____	\$
laundry and dry cleaning	\$	_____	\$
personal products and services	\$	alimony/support not deducted from paycheck	\$
medical and dental expenses (not included in insurance)	\$	payments for support of dependents not living at home	\$
childcare	\$	support to other family members	\$
gas	\$	student loan (monthly amount)	\$
car maintenance	\$	pet care	\$
tolls/bus/metro/parking	\$	gym	\$
entertainment, recreation, dining out, subscription services	\$	home security	\$
charitable/church contributions	\$	kids activities/tutors	\$
		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: _____
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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