

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 _____
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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: \$ _____

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: _____

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:

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: _____
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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: _____

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