

CLIENT QUESTIONNAIRE

PLEASE **FULLY** COMPLETE THIS FORM, PRINT CLEARLY.

DO NOT LEAVE ANYTHING BLANK. PUT "N/A" IF THE QUESTION DOES NOT APPLY TO YOU.

FULL NAME: FIRST _____
MIDDLE _____
LAST _____

Have you used any other names in the past 10 years? (married/maiden)

Social Security # _____ Date of Birth _____

Physical Address _____ Mailing Address _____

Dates moved here: _____

If you have lived at this address **LESS** than 3 years **TURN OVER** and write ALL prior address you have lived at and write the dates for the past 3 years.

cell # _____ home # _____ work # _____

email address _____

Place of Employment _____ Length _____

Salary _____ Position _____

Any other money coming into the house (retirement, social security, VA, part-time job, etc.)

Marital Status: Single _____ Married _____ Separation: _____ Widowed: _____

Date of Marriage: _____

Place of Marriage: _____

*A copy of marriage license is required is couple has different last names.

Date of Separation: _____

Legal papers filed or signed? _____

Date of Spouse Death: _____

SPOUSE'S NAME: FIRST _____
 MIDDLE _____
 LAST _____

Have you used any other names in the past 10 years? (married/maiden)

Social Security # _____ Date of Birth _____

Physical Address _____ Mailing Address _____

Dates moved here: _____

If you have lived at this address **LESS** than 3 years **TURN OVER** and write ALL prior address you have lived at and write the dates for the past 3 years.

cell # _____ home # _____ work # _____

email address _____

Place of Employment _____ Length _____

Salary _____ Position _____

Any other money coming into the house (retirement, social security, VA, part-time job, etc.)

How did you hear about us? _____

INTAKE QUESTIONS:

1. Are you renting or purchasing your home? _____

Rent:

How much is the monthly payment? _____

Are you behind on these payments? _____

If purchasing: (First Mortgage)

What do you think your house is worth? _____

When did you get this mortgage? _____

How much is the monthly payment? _____

How much do you still owe on this loan? _____

Who do you make the payments to? _____

Are you behind on these payments? _____

How many months? _____

Do you want to keep your house? _____

If purchasing: (Second Mortgage)

When did you get this loan? _____

How much is the monthly payment? _____

How much do you still owe on this loan? _____

Who do you make the payments to? _____

Are you behind on these payments? _____

How many months? _____

Do you owe any other money on this house (HOA taxes)? _____

2. Do you have any other real estate, time shares, heir property, life estates? _____

3. Where do you bank? (all accounts even if they are empty)

(1) _____ Type account? _____

(2) _____ Type account? _____

Closed any bank accounts within the past year? _____

4. Fill in the blanks. I will need a general idea of the furniture in your home.

___ bedrooms with ___ beds, ___ dressers, ___ nighstands, ___ lamps, ___ tvs.

Living room with ___ couch/loveseat, ___ chairs, ___ tables, ___ lamps, ___ tvs.

Den with ___ couch/loveseat, ___ chairs, ___ tables, ___ lamps, ___ tvs.

Dining room with ___ table, ___ chairs. Kitchen with appliances, utensils, ___ table, ___ chairs.

___ computers, ___ printers. Anything else? _____

5. Do you have an insurance policy? _____

If yes, is it term or cash value policy? _____

6. Do you have any stocks, annuities, bonds? _____

7. Do you have a IRA or retirement fund? _____

8. Do you have a business? If yes what is the name of it? _____

If you have a business, list tools/inventory/equipment. _____

9. Anybody owe you any money (alimony, accounts receivable, child support)? _____

10. Do you have to pay child support or alimony to anyone?

Name _____

How much monthly? _____

Address _____

Are you behind? _____

Deducted from paycheck? _____

11. Has anyone related to you died or reasonably expected to die within 5 years? _____

12. Please list ALL vehicles in your name. This includes paid for and financed cars, trucks, boats, trailers, motorcycles, wrecked, driven by children, junked. If you need more space turn over to the back .

1

2

Yr/make model

Mileage

Date purchased

Finance Company

Monthly payment

Payoff

Behind on payment

Keep or give up?

3

4

Yr/make model

Mileage

Date purchased

Finance Company

Monthly payment

Payoff

Behind on payment

Keep or give up?

13. If you have a business, please list office inventory.

14. Do you have any lawsuits pending? _____

Have any judgments been filed against you or your spouse? _____

15. Who else lives in the house with you?

	1	2	3	4	5
Age?	_____	_____	_____	_____	_____
Sex?	_____	_____	_____	_____	_____
Relationship	_____	_____	_____	_____	_____
Monthly \$ contrib.	_____	_____	_____	_____	_____

16. Do you have computer access? _____

17. Have you ever filed bankruptcy before? _____ What chapter? _____

When? _____ Where? _____

18. Debts (Approximately).....

How much do you owe to credit cards? \$ _____

How much have you charged in the past 3 months? \$ _____

How much do you owe to medical bills? \$ _____

How much do you owe to loan companies? \$ _____

(Citifinancial, Am. General, etc.)

How much do you owe to the IRS? \$ _____

How much do you owe to state taxes? \$ _____

How much do you owe for student loans? \$ _____

Do you owe anybody else not listed above? _____