



Falcon Financial Partners

Date: _____

Name: _____ Age: _____	Name: _____ Age: _____
Address: _____	Address: _____
City: _____ State: ___ Zip: _____	City: _____ State: ___ Zip: _____
Occupation: _____ Retirement Age: _____	Occupation: _____ Retirement Age: _____
Monthly Income: _____ Source: _____	Monthly Income: _____ Source: _____
Smoker: Y/N Height: _____ Weight: _____	Smoker: Y/N Height: _____ Weight: _____

Current Household Income: _____	Estimated Retirement Income: _____
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Medical Conditions: Ask for medications being prescribed and date of diagnosis

Heart Attack	High Cholesterol	Asthma	Liver disease
Cancer	High Blood Pressure	COPD	Dialysis
Stroke	Diabetes -Pills or Insulin	Anxiety/ Depression	Dementia/Alzheimers
Stints	-Neuropathy		Hospitalizations

Mortgage Balance: _____ Mortgage Term: 15 20 30 New Purchase / Refinance

Home Value: _____ Equity: _____ Mo Payment: _____

Is this your forever home? Yes No If NO How long do you plan to stay in the home? _____

Do you make excess mortgage payments to pay home off early? Yes NO How much Extra? _____

How many months of bills do you have saved if you were to lose/change your income? _____

What assets do you have that would help you replace income?

401K IRA Stocks Bonds Mutual Funds CD's Rental Properties Savings Account

Do you have life insurance outside of work? Yes No

Company: _____ Face Amount: _____ Premiums? _____

Bank: _____ **Account:** _____

Routing: _____