NEEDS ANALYSIS

| Mortgage | | | Mortgage | | | |
|--|--------------------|------------------|----------------------------------|--|------------------|--|
| Balance:\$ | ance:\$ Equity:\$ | | Payment:\$ | | | |
| Name: | | DOB: | Name: | | DOB: | |
| | | Age: | | | Age: | |
| Current Life Insurance Coverage: | | | Current Life Insurance Coverage: | | | |
| Old Kind? Prev Decline? | | | Old Kind? Prev Decline? | | | |
| What do you have that can help in Financial Emergency? | | | What do you | What do you have that can help in Financial Emergency? | | |
| Medications | Tobacco? | Type: | Medications | Tobacco? | Type: | |
| | Height: | | | Height: | | |
| Prescrip | | Condition / Year | Presci | riptions | Condition / Year | |
| Driving Record | I ncome / Sourc | es | Driving Recor | d Income / Source | es | |
| | | | | | | |
| | | | | | | |

Total Monthly Income \$

\$