# Financial Information Worksheet

Please complete all sections below with accurate and up-to-date information. This form will help us assess your current financial situation and create a personalized plan.

## 1. Income

List all sources of income below (monthly):

|  |  |  |
| --- | --- | --- |
| Source of Income | Amount ($) | Frequency (Weekly/Monthly/Other) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## 2. Debts

List all debts including credit cards, loans, mortgages, etc.:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Creditor / Lender | Type of Debt | Balance ($) | Monthly Payment ($) | Interest Rate (%) |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

## 3. Assets

List all assets you own, such as properties, vehicles, savings, and investments:

|  |  |  |
| --- | --- | --- |
| Asset Description | Estimated Value ($) | Ownership (Individual/Joint) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## 4. Monthly Expenses

List all your recurring monthly expenses below:

|  |  |
| --- | --- |
| Expense Category | Amount ($) |
| Rent / Mortgage |  |
| Utilities (Electric, Water, Gas) |  |
| Phone / Internet |  |
| Groceries |  |
| Transportation (Gas, Insurance, Maintenance, Car ) |  |
| Childcare / Education |  |
| Entertainment / Subscriptions |  |
| Insurance (Health, Life, Auto) |  |
| Miscellaneou |  |

Client Name: