

10-Minute Confidential Questionnaire

Notes:

	You	Spouse
Financial Goals		
Complete Name		
Mailing Address		
Email Address		
Cell Number		
Date of Birth		
Age		
FICO Score		
Full Position Title		
Years in Profession		
Employer's Name		
Work Hours per Week		
Potential Career Changes		
Gross Monthly Income		
Take Home Income		
Monthly Expenses		
Savings Per Month		
Marital Status		
How Many Children?		

Assets

Liabilities/Debt

Type	Apprx. Total Values
Bank accounts	
Mutual Funds/Annuities	
Stocks	
Real Estate/Business	
Pension Plan	
401k/IRA	
Life Insurance	
Long-Term Care Insurance	

Type	Total Owed
Mortgage(s)	
Car Loans	
Students Loans	
Personal Loans	
Credit Cards	
Credit Cards	
Credit Cards	
Credit Cards	

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