

NEEDS ANALYSIS

Date: _____

Mortgage
Balance:\$_____ **Term:**10,15,20,30 **Equity:**\$_____

Mortgage
Payment:\$_____

Name: _____ **DOB:** _____
(male / female) **Age:** _____

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[illegible]

| | |
|--|-----------------------------------|
| Current Life Insurance Coverage: Carrier, Face Amt, Issue Yr | |
| Living Benefits? | Previous Apps or declines? |
| What do you have to help pay the mortgage in a Financial Emergency? (Savings, old 401k) | |
| Medical History | Tobacco: Yes / No |
| | Type:_____ |
| | Height:_____ |
| | Weight:_____ |
| Prescriptions | Condition / Year |
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| HA/Stroke/Stent/CHF/Cancer COPD/Inhaler/Diab/PainRx/Anxiety/Depression | |
| Driving Record last 10 years: (tickets, DUI, suspension) | |

| Monthly Net Income / Sources / Job Description / Disability |
|---|
|---|

| Monthly Net Income / Sources / Job Description / Disability |
|---|
| |

Total Monthly Income \$

Income w/out spouse: **Income w/out spouse:**