Date: **NEEDS ANALYSIS** Mortgage Mortgage Balance:\$______ Term:10,15,20,30 Equity:\$_____ Payment:\$____ DOB: Name:_____ DOB: Name: (male / female) (male / female) Age:____ Age:__ Current Life Insurance Coverage: Carrier, Face Amt, Issue Yr Current Life Insurance Coverage: Carrier, Face Amt, Issue Yr **Previous Apps or declines?** Living Benefits? Previous Apps or declines? Living Benefits? What do you have to help pay the mortgage in a Financial What do you have to help pay the mortgage in a Financial Emergency? (Savings, old 401k) **Emergency?** (Savings, old 401k)

Medical History	Tobacco: Yes / N Height:	o Type: Weight:	Medical History	Tobacco: Yes / No Height:	Type: Weight:
Prescriptions		Condition / Year	Prescriptions		Condition / Year
	UF/Company 00000 (1.1.			IF /Company 00000 /1 1 1 1 /01	:_L/D_:_D_/A: /D:
HA/Stroke/Stent/CHF/Cancer COPD/Inhaler/Diab/PainRx/Anxiety/Depression Driving Record last 10 years: (tickets, DUI, suspension)			HA/Stroke/Stent/CHF/Cancer COPD/Inhaler/Diab/PainRx/Anxiety/Depression Driving Record last 10 years: (tickets, DUI, suspension)		
Driving Record la	st 10 years: (ticket	ts, DUI, suspension)	Driving Record las	st 10 years: (tickets, DU	Ji, suspension)

Monthly Net Income / Sources / Job Description / Disability

Monthly Net Income / Sources / Job Description / Disability

Total Monthly Income \$

Income w/out spouse: _______