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# Financial Overview Form

In order to take full advantage of your time and provide you with the best information available for your consultation, please provide the following information. This information will not be shared with anyone and is completely confidential.

## Personal Information

Name_____ Date of Birth _____

Place of Work_____ Type of Work _____

Annual Gross Income_____ Monthly Take Home Pay_____

Hobbies / Other Interests _____

Spouse's Name_____ Date of Birth _____

Place of Work_____ Type of Work _____

Annual Gross Income_____ Monthly Take Home Pay_____

Hobbies / Other Interests _____

Daytime Phone_____ Alternative Phone_____ Email_____

Address_____
Street City State ZIP

## Financial Information

How many dependants living at home?_____ Ages?_____

Do you rent or own your home? _____ Monthly payment _____ Est. home value _____

What is the total debt on your home?_____ Loan Terms _____

Any auto loans? _____ If so, how many?_____ Total amount owed?_____

Do you have a working monthly budget?_____ Do you save money on a regular basis?_____

Did you receive a tax refund last year?_____ If so, how much? _____

Do you currently contribute to retirement?_____ Do you have cash value or term life insurance?_____

Approximate total of all other debt (student/personal loans, credit cards, etc.)_____

What specific issues would you like to discuss during your consultation? _____

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