

Client Data Sheet

I. CLIENT INFORMATION				
Primary Client Name (Last, First)		Co-Client Name (Last, First)		
Social Security #	DOB	Social Security #	DOB	
Address		Address		
City	State	Zip	City	State Zip
Home Phone	Cell Phone	Home Phone	Cell Phone	
Work Phone	Facsimile	Work Phone	Facsimile	
Email Address		Email Address		
II. EMPLOYMENT & INCOME				
Current Employer		Co-Client Current Employer		
Position	Yrs. On this Job	Position	Yrs. On this Job	
Monthly Employment Income \$	Other Monthly Income/Type \$	Monthly Employment Income \$	Other Monthly Income/Type \$	
III. ASSETS, LIABILITIES & REAL ESTATE				
Assets		Real Estate Information		
Checking (Institution)	Amount \$	Residence (Circle One) Own or Rent	Monthly Payment \$	
Savings (Institution)	Amount \$	Approximate Value of Res. if Own \$	First Mortgage Balance if Own \$	
Retirement, 401k (Institution)	Amount \$	Current Interest Rate %	Loan Type (Circle One) Fixed or ARM	
Stock Portfolio (Institution)	Amount \$	Second Lien Balance/HELOC \$	Total Available Line / HELOC \$	
Other Asset Acc. (Institution)	Amount \$	Current Rate %	Loan Type (Circle One) Fixed or HELOC	
Liabilities NOT Enrolled in Program				
Creditor (Institution)	Account Number	Secured By (Car, RE)	Approximate Balance \$	Monthly Payment \$
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Have you declared bankruptcy within the past 7 years? (circle)		If yes, month and year:		
Yes No				