

Today's date: _____

Household Financial Survey

Your Name : _____ Date of Birth: _____

Your address: _____ Apt. #: _____ Rent Own

City: _____ State: _____ Zip: _____ County: _____

Hm phone: _____ Wk phone: _____ Mobile: _____

E-Mail address: _____

Spouses Name : _____ Date of Birth: _____

Spouses address (if different from your own: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Work phone: _____ Mobile: _____

E-Mail address: _____

If you have lived in your home for less than 1 year, please list your previous address:

Address: _____ City: _____

State: _____ Zip: _____ County: _____

“NOTE YOUR IMMEDIATE GOALS”

Please fax the below listed information:

Mortgage Statement/Coupon(s)	Current Year Pay Stub and or Profit & Loss Statement(s)
Federal and or State Tax Notices	Last Years federal tax return(s)
Credit Card Statements	Last year W-2 statement(s)
Any lien or judgment	One Bank statement reflecting any cash assets

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Home Rescue

Please identify any mortgages that are in your name: Attach additional sheet if necessary

Property address	Lender Name	Loan Balance	Monthly Payment	Interest Rate	Current Market Value	Check if past due

Please indicate goal with home: Must Save my home Need time to sell

Owner Occupied Property address	Lender Name	Loan Balance	Monthly Payment	Interest Rate	Current Market Value	Check if past due

Have you applied for loan Modification?
Status of loan modification request?

Tried myself and or Third Party
 Declined Approved

Tax Rescue

Tax returns:

Year	Taxes Filed?	Individual /joint?	If not, why not	Spouse filed tax returns?	If not, why not?
2015					
2014					
2013					

Amount past due with IRS:\$ _____ State:\$ _____

NOTES _____

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Cash Flow Analysis

	<u>Income</u>		<u>Monthly Expenses</u>	<u>Provider of Services</u>
<u>Borrower</u>			\$ _____	Rent/Mortgage
Employment Status	_____		\$ _____	2nd Mortgage
Monthly Gross	\$ _____		\$ _____	Property Taxes
Monthly Net	\$ _____		\$ _____	Homeowner's/Renter's Ins.
Average Payroll Deductions	\$ _____		\$ _____	HOA
<u>Co Borrower</u>			\$ _____	Electricity
Employment Status	_____		\$ _____	Gas
Monthly Gross	\$ _____		\$ _____	Water/Trash/Sewer
Monthly Net	\$ _____		\$ _____	Cable/Satellite TV
Average Payroll Deductions	\$ _____		\$ _____	Internet
<u>Other Income</u>			\$ _____	Home Phone
_____	_____		\$ _____	Cell Phones
_____	_____		\$ _____	Gasoline
_____	_____		\$ _____	Car Payment 1
_____	_____		\$ _____	Car Payment 2
<u>Total Net</u>			\$ _____	Car Payment 3
			\$ _____	Car Insurance
<u>Car Loans</u>			\$ _____	Medical Insurance
<u>Year/Make/Model</u>	<u>Fair Market Value</u>	<u>Balance</u>	\$ _____	Monthly Medical Expense
_____	\$ _____	\$ _____	\$ _____	Life Insurance
_____	\$ _____	\$ _____	\$ _____	Household Expense
_____	\$ _____	\$ _____	\$ _____	Food
_____	\$ _____	\$ _____	\$ _____	Other → _____
_____	_____	_____	\$ _____	Other → _____

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Assets & Income

Please identify any active bank accounts you own:

Name of bank	Checking/ Savings?	In whose name?	Current balance	Any other loans or credit cards with this lender?

Please identify any pension, 401(k) or profit-sharing programs in which you participate:

Name of financial institution	Type of plan	In whose name	Are you still contributing?	Current balance	Any loans against this plan?

Please identify any other assets that you own:

Asset	Current Fair Market Value

Expected changes in income: Describe when & why:

Today's date: _____

Credit & Misc.

Have you pulled your free credit report within the last 12 months?: **Yes** | **No**

How would you rate your credit rating from 1 to 10, 10 being perfect: _____

Previous Bankruptcies: Please list any prior bankruptcies:

Where you filed	Chapter	Date Filed	Discharge? y/n

Children & Other Dependents Living in the Household

Name	Age	Relationship	Lives with you?	Owe or Paid Child Support/Contribution

Hardship

Please be detailed only if there is a household financial hardship.

 Client Signature

 Date

 Client Signature

 Date