

Financial Inventory Part I: Personal Information

	CLIENT	SPOUSE
Name:		
Address:		
Home Phone:		
Cell Phone:		
Preferred Email:		
Birth date:		
Citizenship:		
Wedding Anniversary:		
Social Security #:		
Employer's Name:		
Occupation:		
Work Address:		
Work Phone:		
Years Employed:		
Annual Income:		

DEPENDENTS				
NAME	BIRTHDATE	RELATIONSHIP	LOCATION	COMMENTS
1)				
2)				
3)				
4)				
5)				

Financial Inventory Part I: Personal Information (Continued)

ADVISORS (CPA, Broker, Attorney, etc.)				
NAME	TYPE	COMPANY	LOCATION	COMMENTS
1)				
2)				
3)				
4)				

FAMILY INFORMATION						
	Client			Spouse		
Parents:	Father	Mother	Parents:	Father	Mother	
Date of birth			Date of birth			
Health Issues <i>(please include date of death if deceased)</i>			Health Issues <i>(please include date of death if deceased)</i>			
Siblings:			Siblings:			
Date of birth			Date of birth			
Health Issues <i>(please include date of death if deceased)</i>			Health Issues <i>(please include date of death if deceased)</i>			

Financial Planning Concerns

List your top 3-5 financial planning concerns and priorities (i.e. retirement, taxes, debt, small business profitability, healthcare, college savings, etc.):

Financial Inventory Part II: Monthly Cash Flow Worksheet

EXPENSES	
LIVING EXPENSES	LIFESTYLE EXPENSES
Mortgage/Rent _____	Groceries _____
Second Mortgage _____	Dining Out _____
Real Estate Taxes _____	Clothing/Dry Cleaning _____
Home Improvements _____	Hobbies/Recreation _____
Home Maintenance/Help _____	Entertainment _____
Cable/Internet _____	Vacation / Travel _____
Electricity/Gas _____	Student / Personal Loans _____
Telephone (including mobile) _____	Legal & Accounting Fees _____
Other Household Expenses _____	Pet Expense _____
TOTAL HOME EXPENSES	Childcare _____
Car Payments/Rental _____	Children Miscellaneous _____
Car Maintenance _____	Education _____
Public Transportation _____	Miscellaneous _____
Parking/Tolls _____	TOTAL
TRANSPORTATION TOTAL	Doctors/Dentists _____
Life/Disability Insurance _____	Optician/Glasses/Lenses _____
Health Insurance _____	Drugs/Vitamins _____
Homeowners/Renters Insurance _____	Health Club _____
Car Insurance _____	Personal Care / Beauty _____
INSURANCE TOTAL	PERSONAL CARE TOTAL
CHARITABLE GIVING	MONETARY GIFTS
TOTAL OUTFLOW	

MONTHLY SAVINGS	MONTHLY INCOME
Savings/Investments _____	Gross Household Income _____
Client's IRA Contribution _____	Total Withholdings _____
Spouse's IRA Contribution _____	NET TAKE HOME PAY
Education Savings _____	Other Income _____
TOTAL SAVINGS	TOTAL INFLOW

Financial Inventory Part III: Net Worth Worksheet

ASSET SUMMARY			
ASSET NAME	ACCOUNT TYPE	OWNER	CURRENT VALUE
CHECKING & SAVINGS ACCOUNTS (including CDs)			
INVESTMENT ACCOUNTS (including Brokerage, Partnerships, & Mutual Funds)			
RETIREMENT ACCOUNTS (including 401(k)s, IRAs, 403(b)s & Deferred Comp)			
REAL ESTATE			

TOTAL ASSETS:

Financial Inventory Part III: Net Worth (Continued)

DEBT SUMMARY			
REAL ESTATE MORTGAGES & HOME EQUITY LOANS			
DATE ORIG.	MONTHLY PMT	INTEREST RATE	BALANCE DUE
CREDIT CARD BALANCES			
LENDER	INTEREST RATE	MINIMUM PMT	BALANCE DUE
LOANS (including Personal, Student & Automobile)			
PURPOSE	INTEREST RATE	MINIMUM PMT	BALANCE DUE

TOTAL DEBT:

TOTAL NET WORTH (ASSETS-DEBT):

Life & Disability Insurance Summary

INSURANCE CO.	INSURED	POLICY TYPE	BENEFIT