

Client Intake Form

Date: _____

Client: _____
(First) (MI) (Last)

Residence Address: _____

Phone: _____

Mailing Address: _____

Mobile: _____

Email Address: _____

Social Security #: _____ DOB: _____

Drivers License #: _____ Issue date: _____ Exp date: _____

Employer: _____ Occupation: _____

Employer Address: _____ Phone: _____

(no PO Box) _____

Spouse: _____
(First) (MI) (Last)

Email Address: _____

Social Security #: _____ DOB: _____

Drivers License #: _____ Issue date: _____ Exp date: _____

Employer: _____ Occupation: _____

Employer Address: _____ Phone: _____

(no PO Box) _____

Children:

1) _____
(First) (MI) (Last) (Birthdate) (Social Security #)

2) _____

3) _____

4) _____

Client Intake Form

Income & Expenses

Current Income

Gross Income: Client \$ _____ per year
Spouse \$ _____ per year

Describe any expected changes in income:

At what age do you plan to retire or work less than full time?

Client: _____
Spouse: _____

Retirement Income

If your employer has a pension plan that is going to pay you a monthly income at retirement please indicate the dollar amount or percentage of gross income you would receive at retirement age:

Client \$ _____ / _____ %
Spouse \$ _____ / _____ %

If your employer deducts money from your paycheck the pension plan, what is the monthly dollar amount or percentage:

Client \$ _____ / _____ %
Spouse \$ _____ / _____ %

Social Security:

Will you be eligible for social security?

(Please circle one)

Client Yes No
Spouse Yes No

At what age are full retirements are available:

Client _____
Spouse _____

How much (from latest social security statement)?

Client Age 62 _____
Spouse Age 62 _____

Full Retirement Age _____
Full Retirement Age _____

Monthly Expenses

Describe any expected major changes in monthly expenses:

Taxes Federal Income Tax \$ _____ per year (line 55 of IRS Form 1040)
State Income Tax \$ _____ per year

Describe any big one-time extra expenses in the next three years:

Client Intake Form

Assets & Liabilities

	<u>Current Value</u>	<u>Regular Monthly Additions</u>
<u>Checking</u>		
Bank Checking	\$ _____	\$ _____
<u>Emergency Funds</u>		
Bank Savings	\$ _____	\$ _____
Money Market	\$ _____	\$ _____
<u>Non-Retirement Investments</u>		
Residence	\$ _____	\$ _____
Investments & Mutual Funds	\$ _____	\$ _____
Investment Real Estate	Enter details on "Rental Property Details" page	
Other Non-Retirement Investments	\$ _____	\$ _____
<u>Retirement Investments</u>		
Client: Company 401K, 403B, etc.	\$ _____	\$ _____
Regular IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Other Retirement Accounts	\$ _____	\$ _____
Spouse: Company 401K, 403B, etc.	\$ _____	\$ _____
Regular IRA	\$ _____	\$ _____
Roth IRA	\$ _____	\$ _____
Other Retirement Accounts	\$ _____	\$ _____

Home Loan

Current Loan Balance	\$ _____	Loan Start Year	_____
House Payment (excluding impound account)	\$ _____	/month	Interest Rate _____ %
Terms of Loan	(Please circle one)	30 yrs 15yrs Other	_____

Other Liabilities

	<u>Loan Balance</u>	<u>Monthly Payment</u>	<u>Interest Rate</u>	<u>Loan End Year</u>
Total Credit Cards	\$ _____	\$ _____		
Other Debt	\$ _____	\$ _____		
Other Debt	\$ _____	\$ _____		

Client Intake Form

Rental Property Details

	<u>Property 1</u>	<u>Property 2</u>	<u>Property 3</u>
Property Name			
Current Value	\$	\$	\$
Annual Rental Income	\$	\$	\$
Property Tax	\$	\$	\$
Insurance	\$	\$	\$
Maintenance	\$	\$	\$
Property Management	\$	\$	\$
Other Costs	\$	\$	\$

Rental Mortgage

Mortgage Balance	\$	\$	\$
Monthly Payment	\$	\$	\$
Mortgage Start Year			
Mortgage End Year			

Client Intake Form

Insurance & Estate

Life Insurance

Client
Spouse

Current Cash Value

\$ _____
\$ _____

Face Coverage Amount

\$ _____
\$ _____

Disability Insurance

Client
Spouse

(Please circle one)

Yes No
Yes No

Long Term Care

Client
Spouse

(Please circle one)

Yes No
Yes No

Health Insurance

(Please circle one)

Client: Yes No
Spouse: Yes No

Describe: _____
Describe: _____

Estate

Do you have a will? (Please circle one) Yes No
Do you have a trust? (Please circle one) Yes No

Who is your accountant? _____

Who is your attorney? _____

Comments: