

Please fill in the following information as accurately as possible. Cross out non-applicable sections.

ONE FORM PER PERSON

****Please include LAST FOUR DIGITS of all account numbers, where indicated****
Attach copies of all supporting documents used to the back of this form.

AGREED TO VALUATION DATE: _____

GROSS INCOME - ALL SOURCES: You _____ Spouse _____

EMPLOYEE/RETIREMENT BENEFITS

Provider and Acct. #	Type of Benefit/date entered	Value/Vested	List Owner Name or Joint

MONETARY ASSETS (Cash Accounts)

Checking or Savings Accounts, Stocks or Bonds (**Not including Retirement Accounts**)

Name of Bank /Acct. #	Type of Account	Average Balance	List Owner Name or Joint

Life Insurance Policy

Term or Whole Life

Face value _____ Insured _____ Owner _____

Type _____ Policy/Acct. # _____ Company Name _____

Beneficiary _____ Loan/Acct. # _____ Cash Value _____

MOTOR VEHICLES

Cars, Trucks, ATV's, Snowmobiles, Planes, Boats

Year /Make	Value	Registered to Whom	Titled to Whom	Name on Insurance

REAL ESTATE

Land, Buildings, Time Shares, Lease

Location & Type of Property:	
Deeded to Whom:	
Estimated Value:	
Mtg. Balance, Name of Lender , Acct. #	
Home Equity Line Of Credit, Name of Lender, Acct #	
Balance in Escrow:	

Location & Type of Property:	
Deeded to Whom:	
Estimated Value:	
Mtg. Balance, Name of Lender, Acct. #	
Home Equity Line Of Credit, Name of Lender, Acct #	
Balance in Escrow:	

Location & Type of Property:	
Deeded to Whom:	
Estimated Value:	
Mtg. Balance, Name of Lender, Acct #	
Home Equity Line Of Credit, Name of Lender, Acct #	
Balance in Escrow:	

BUSINESS

Location & Type of Business:	
Date Established:	
% of Ownership & by Whom	
Liabilities - Lender, Acct. #	
Value	

Location & Type of Business:	
Date Established:	
% of Ownership & by Whom	
Liabilities - Lender, Acct #	
Value	

Personal and Marriage Data

Your information:

Name:	A.K.A.
Address:	County:
Home Phone:	Work Phone:
Cell Phone:	E-Mail Address:
Place of Birth:	Date of Birth:
Age:	Social Security No.:

Your Employment Information:

Employer:	Full-time or Part-time:
Address:	Phone Number:
Occupation:	Education/Skill/Training:
Annual Income:	Health Status:

Spouse's information:

Name:	Maiden Name:
Address:	County:
Home Phone:	Work Phone:
Cell Phone:	E-Mail Address:
Place of Birth:	Date of Birth:
Age:	Social Security No:

Spouse's Employment Information:

Employer:	Full-time or Part-time:
Address:	Phone Number:
Occupation:	Education/Skill/Training:
Annual Income:	Health Status:

Marriage information: Civil or Religious Ceremony

Place Married (City, State)	County Married:
First Marriage: You: Yes or No Spouse: Yes or No	Date Married:
Date Separated Residences:	Dep. Children from Prev. Relationship: You: Yes or No Spouse: Yes or No
	Who occupies marital residence:

Information about the dependent child(ren), herein referred to as the "child(ren)":

Full Name:	Social Security No.:	Date of Birth:	Age:	Health Status:	Parent Living With:
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MONTHLY HOUSEHOLD BUDGET

Fill this out for you as an individual in terms of **FUTURE** monthly expenses. Fill out as much of the information as you can. In some cases an educated guess may be called for if the amount is unknown. **One form per person.**

II. EXPENSES

(a) Housing

- | | |
|--|---|
| 1. Rent | 3. Condominium charges |
| 2. Mortgage/taxes/
Amortization/HELOC | 4. Cooperative Apartment
Maintenance |

Total: Housing

(b) Utilities

- | | |
|----------------|-----------------------------|
| 1. Fire Wood | 4. Telephone/Internet/Cable |
| 2. Gas | 5. Water |
| 3. Electricity | |

Total: Utilities

(c) Food

- | | |
|--------------------|-------------------|
| 1. Groceries | 5. Liquor/alcohol |
| 2. School Lunches | 6. Other |
| 3. Lunches at work | |
| 4. Dining out | |

Total: Food

(d) Clothing

- | | |
|------------|-------------|
| 1. Husband | 3. Children |
| 2. Wife | 4. Other |

Total: Clothing

(e) Laundry

- | | |
|--------------------|----------|
| 1. Laundry at home | 3. Other |
| 2. Dry cleaning | |

Total: Laundry

(f) Insurance

- | | |
|-------------------------|----------------------|
| 1. Life | 6. Medical plan |
| 2. Homeowner's/tenant's | 7. Dental plan |
| 3. Flood Insurance | 8. Optical plan |
| 4. Automotive | 9. Disability |
| 5. Umbrella policy | - 10. Worker's Comp. |
| | 11. Other: |

Total: Insurance

(g) Unreimbursed medical

- | | |
|-------------------|--------------------------------|
| 1. Medical | 5. Surgical, nursing, hospital |
| 2. Dental | 6. Other |
| 3. Optical | |
| 4. Pharmaceutical | |

Total: Unreimbursed Medical

(m) Income Taxes

- 1. Federal
- 2. State
- 3. City
- 4. Social Security and Medicare

Total: Taxes

(n) Miscellaneous

- 1. Beauty Parlor / barber
- 2. Beauty aids/ cosmetics, drug items
- 3. Cigarettes/tobacco
- 4. Books, magazines, Newspapers
- 5. Children's allowances
- 6. Gifts
- 7. Charitable contribution
- 8. Religious organization dues
- 9. Union and organization dues
- 10. Commutation and transportation
- 11. Veterinarian/pet exp
- 12. Child support payments (prior marriage)
- 13. Alimony & maintenance payment (prior marriage)
- 14. Personal Loan Payments
- 15. Unreimbursed business exp

Total: Miscellaneous

(o) Other

- 1.
- 2.
- 3.

Total: Other

TOTAL MONTHLY EXPENSES:

TOTAL ANNUAL EXPENSES: