

QUESTIONNAIRE

Your Name: _____

Spouse's Name: _____

Your SSN: _____ - _____ - _____

Spouse's SSN: _____ - _____ - _____

Street Address: _____

Mailing Address: _____

Phone Number: _____

E-Mail: _____

Vehicles:

Year: _____ Make: _____ Model: _____ Mileage: _____

Financed: Y/N _____ Where: _____ Title pawns? Y/N _____ Where: _____

Amount owed: \$ _____ Date Purchased: _____ Monthly Payment: _____

Year: _____ Make: _____ Model: _____ Mileage: _____

Financed: Y/N _____ Where: _____ Title pawns? Y/N _____ Where: _____

Amount owed: \$ _____ Date Purchased: _____ Monthly Payment: _____

Year: _____ Make: _____ Model: _____ Mileage: _____

Financed: Y/N _____ Where: _____ Any title pawns? Y/N _____ Where: _____

Amount owed: \$ _____ Date Purchased: _____ Monthly Payment: _____

Home: own or rent: _____ if own whom do you owe? _____

Amount owed: \$ _____ Monthly Mortgage Payment: _____

Arrears: \$ _____

Furniture: furniture payments: Y/N _____ if yes, with who? _____

Amount owed: \$ _____ Date Purchased: _____ Monthly Payment: _____

Rent to own or leased goods: Y/N _____ If yes, Who? _____

Monthly Payment: _____

Personal loans:

Y/N _____ Secured by property (i.e. Car, Lawn mower, Utility Trailer, Household goods) Name of loan company: _____ . Amount owed: _____ . Monthly payment: \$ _____

Y/N _____ Secured by property (i.e. Car, Lawn mower, Utility Trailer, Household goods) Name of loan company: _____ . Amount owed: _____ . Monthly payment: \$ _____

Y/N _____ Secured by property (i.e. Car, Lawn mower, Utility Trailer, Household goods) Name of loan company: _____ . Amount owed: _____ . Monthly payment: \$ _____

Business: Y/N _____ Incorporated / LLC? _____ Name: _____ Type of Business: _____

Checking/Savings/Cash Card account: Y/N Where? _____
Amount? \$ _____

Retirement/401K? YES/NO How much: \$ _____

Life insurance? YES/NO Term/Whole-life? Beneficiary: _____

Lawsuit: Bring against another party? Y/N Court: _____ Estimated Claim: \$ _____

Against You? Y/N Court: _____ Creditor: _____

Married/Single/Separated?

Income:

Are you employed? Y/N. Where: _____ Monthly Gross Income: _____ How long
employed with company? _____ If self-Employed: Job type? _____

Spouse employed? Y/N. Where: _____ Monthly Gross Income: _____ How long
employed with company? _____ If self-Employed: Job type? _____

Social Security \$ _____ Child(s) Social Security \$ _____ Retirement \$ _____
Food Stamps \$ _____ Support from Family \$ _____ Child Support \$ _____

Income in the last 3 years: YTD 2026: _____ 2025: _____ 2024: _____

Have you filed tax returns the past 4 years? YES/NO

Did you receive a tax refund? YES/NO How much: \$ _____

Do you PAY/Receive child support or alimony? YES/NO

Dependents? ____ Do they live with you? ____ Son/Daughter? /Ages _____

Expenses:

Rent: \$ _____	Phone: \$ _____	Child care: \$ _____
Electric: \$ _____	Cable: \$ _____	Church/Charity: \$ _____
Water: \$ _____	Internet: \$ _____	Car Insurance: \$ _____

Debt:

Taxes owed? YES/NO FEDERAL/ STATE/ PROPERTY Amount owed: \$ _____

Medical Bills: YES/NO if yes, Where: _____ Credit Cards: YES/NO

Sold/transferred any land or vehicles in past 12 months: YES/NO

Do you own/have interest in any land, homes or vehicles, or co-signed on, that have not been disclosed?

Notes (Repossessions / Lawsuits, ect.):