



Client Information Packet

Date _____

(Please Print Clearly)

Name _____ SSN _____ DOB _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____ Email _____

Place of Employment _____ How Long _____ Hours: _____

Job Description _____ Work Phone _____ Ext _____

single married separated divorced widow(er) student

Spouse/Parent's Name _____ SSN _____ DOB _____

Home Phone _____ Cell Phone _____ Email _____

Place of Employment _____ How Long _____ Hours: _____

Job Description _____ Work Phone _____ Ext _____

Financial Freedom Plan

Income

Monthly Net	Source	Next Pay Date
1. _____	_____	_____
How often Paid?	_____ Weekly _____ Bi-Weekly _____ Semi-Monthly	_____ Monthly

Monthly Net	Source	Next Pay Date
2. _____	_____	_____
How often Paid?	_____ Weekly _____ Bi-Weekly _____ Semi-Monthly	_____ Monthly

Monthly Net	Source	Next Pay Date
3. _____	_____	_____
How often Paid?	_____ Weekly _____ Bi-Weekly _____ Semi-Monthly	_____ Monthly

Monthly Living Expenses

Estimate amounts spent on these items each MONTH

\$ _____ Charities
 \$ _____ Food
 \$ _____ Lunches
 \$ _____ Vehicle Gas
 \$ _____ Laundry
 \$ _____ Recreation
 \$ _____ Tobacco/Alcohol
 \$ _____ Pet Expense
 \$ _____ Miscellaneous
 \$ _____ Beauty & Barber
 \$ _____ Prescriptions

Periodic Expenses

Estimate amounts spent on these items each YEAR

\$ _____ Clothing
 \$ _____ Gifts
 \$ _____ Home Repairs
 \$ _____ Vehicle Repairs
 \$ _____ Medical
 \$ _____ Christmas
 \$ _____ School clothes
 \$ _____ School supplies

Financial Freedom Plan

Monthly Routine Expenses

Rent

Monthly Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____		_____

Electricity

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____		_____

Gas

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____		_____

Water

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____		_____

Cable TV

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____		_____

Internet

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____		_____

Cell Phone

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____		_____

Child Care

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____		_____

Child Support

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____		_____



Periodic Expenses

Vehicle Insurance

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____	_____	_____
How Often Due?	___ Monthly	___ Quarterly	___ Every 6 Months	___ Yearly

Health Insurance

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____	_____	_____
How Often Due?	___ Monthly	___ Quarterly	___ Every 6 Months	___ Yearly

Life Insurance

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____	_____	_____
How Often Due?	___ Monthly	___ Quarterly	___ Every 6 Months	___ Yearly

Real Estate Taxes

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____	_____	_____
How Often Due?	___ Monthly	___ Quarterly	___ Every 6 Months	___ Yearly

House Insurance

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____	_____	_____
How Often Due?	___ Monthly	___ Quarterly	___ Every 6 Months	___ Yearly

Vehicle Tags

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____	_____	_____
How Often Due?	___ Monthly	___ Quarterly	___ Every 6 Months	___ Yearly

Other

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____	_____	_____
How Often Due?	___ Monthly	___ Quarterly	___ Every 6 Months	___ Yearly

Other

Amount	Next Due Date	Who Owed	Account Past Due? Yes ___ No ___	Amount Past Due?
_____	_____	_____	_____	_____
How Often Due?	___ Monthly	___ Quarterly	___ Every 6 Months	___ Yearly



Debt Information

These 2 pages are for all of your debts which include items such as car payments, bank loans, medical bills, etc.

Table with 6 columns: Regular Payment Amt., Balance, Next Due Date, Who Owed, Account Past Due?, Total Amount Due?. The table contains 20 rows of horizontal lines for data entry.

