



Financial Health Data Gathering

Please fill out and return this sheet if you would like a quick snapshot of your current financial health.

Client Name: _____ Spouse Name: _____

Phone Number: _____ Email: _____

Estimated Annual Income: _____

How much do you currently have allocated towards an Emergency Fund? _____

What is your monthly mortgage payment? _____

What are your monthly minimum debt payments (Credit cards, auto loan, etc. – not including mortgage)?

What is a good estimate for your monthly expenses (not including minimum debt payments)?

What is the total balance of all your debts? _____

How much money do you put into savings each month (Retirement, saving for a house, etc.)

What is the total balance of all your assets (house, savings, etc.)? _____

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