**FINANCIAL RESOURCES QUESTIONNAIRE**

(Please use additional pages if necessary.)

**Section 1. Client information.**

|  |
| --- |
| Client Name: |
| Date of birth: |

**Section 2. Dependent information.**

|  |  |  |
| --- | --- | --- |
| Name | Date of birth | Relationship to client |
|  |  |  |

**Section 3. Client’s most recent employment.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of employer | Job position held | Date hired | Date last employed | Average annual salary |
|  |  |  |  |  |

**Section 4. Spouse’s current/most recent employment.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of employer | Job position held | Date hired | Date last employed | Amount earned monthly |
|  |  |  |  |  |

**Section 5. Current average monthly income.**

|  |  |
| --- | --- |
| Source (work, pension, etc.) | Monthly Amount |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | **$**  |

**Section 6. Household Assets.**

|  |  |
| --- | --- |
| Type of Asset | Value  |
| Cash |  |
| Checking Account(s) |  |
| Savings Account(s) |  |
| Other interest-bearing account(s) |  |
| Stocks, bonds, other securities |  |
| IRA (Roth IRA) |  |
| Debts owed to you |  |
| Vehicle(s) |  |
| Real property |  |
| Other Assets (identify): |  |
| **Total** |  |

**Section 7. Average Monthly Expenses.**

|  |  |
| --- | --- |
| Type of Expense | Monthly Average |
| Rent/mortgage payments/homeowner/condo fees/co-op maintenance |  |
| Food |  |
| Utilities |  |
| Household maintenance (repairs, cleaning supplies, etc) |  |
| Clothing |  |
| Medical and dental (non-reimbursable) |  |
| Insurance premiums |  |
| Transportation |  |
| Taxes (1/12 of annual taxes) |  |
| Monthly payments on installment contracts and other debts (e.g., credit card payments, car payments) |  |
| Other ordinary and necessary living expenses (identify): |  |
| **Total** |  |

**Section 8. Debts.**

|  |  |
| --- | --- |
| Kind of Debt | Amount |
| Mortgage |  |
| Credit cards |  |
| Automobile |  |
| Other(describe) |  |
| **Total** |  |

**Section 9. Monthly Income to Monthly Expenses.**

(Total of Section 5 - Total of Section 7)

 $ - $ = **($ )**

**Section 10. Net Assets.**

(Total of Section 6 - Total of Section 8)

 $ - $ = **$**

**Section 11. Remarks.**

|  |
| --- |
| Use this space if necessary to supply other relevant information. For example, if you are disabled and have extraordinary medical expenses, please describe them here. |
|  |

***Certification:*** I hereby certify that the above statements are true to the best of my knowledge.

Date: Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_