

**RETIREMENT FUNDS**

	<u>401-K</u>	<u>IRA or SEP</u>	<u>403B Plan</u>	<u>Employer/Union Pension</u>	<u>Profit-sharing</u>
Husband:	\$ _____	\$ _____	\$ _____	Yes No	\$ _____
Wife:	\$ _____	\$ _____	\$ _____	Yes No	\$ _____

Do you have any outstanding loans against your 401-K? If so, what is the current balance and when is the load due?

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**SECURITY DEPOSITS**

Do you have a security deposit or money in someone's trust account? Yes No

If yes, with whom? \_\_\_\_\_ Amount \$ \_\_\_\_\_

**EDUCATIONAL IRAs OR TUITION SAVINGS ACCOUNT** Yes No

If yes,

Name of Bank Or brokerage firm:	Type of Account	Date Opened	\$\$ Initially Deposited	Source of Initial Deposit	Current Value	Guardian Named	Beneficiary
_____	_____	_____	_____	_____	_____	_____	_____

If more than one, list on a separate page.

**LICENSES**

List all licenses you or your spouse have: Drivers licenses, professional licenses, others.

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**TAX REFUNDS**

Have you filed your taxes every year? Yes No Approximately when did you file for last year? \_\_\_\_\_

If "No", what years are you missing? \_\_\_\_\_

List tax refunds you have not yet received from previous year(s): State \$ \_\_\_\_\_ Federal \$ \_\_\_\_\_

Do you get an earned income credit? Yes No How much in refunds do you usually get? \$ \_\_\_\_\_

**FAMILY SUPPORT**

Are you owed any child support, alimony, property division etc.? Yes No

If yes, what type of support? \_\_\_\_\_ Who owes you? \_\_\_\_\_ Amount owed? \$ \_\_\_\_\_

**OTHER AMOUNTS OWED TO YOU**

Does anyone owe you money? No Yes Amount \$ \_\_\_\_\_

If yes, who owes you? \_\_\_\_\_ What is the origin of the debt? \_\_\_\_\_

**INSURANCE**

Medical Insurance Company Name \_\_\_\_\_ Employer provided? Yes No Whose Employer? \_\_\_\_\_

Dental Insurance Company Name \_\_\_\_\_ Employer provided? Yes No Whose Employer? \_\_\_\_\_

Vision Insurance Company Name \_\_\_\_\_ Employer provided? Yes No Whose Employer? \_\_\_\_\_

Car Insurance Company Name \_\_\_\_\_ Cost per month \$ \_\_\_\_\_

House Insurance Company Name \_\_\_\_\_ Part of mortgage payment? Yes No

Life Insurance:

Name of Company	Person Insured Husband, Wife or Child	Beneficiary	Employer Provided	Cash Value What you could borrow
_____	_____	_____	Yes No	\$ _____
_____	_____	_____	Yes No	\$ _____

**INHERITANCE** Has anyone died recently and left you money or something of value? Yes No

Do you know if you will inherit anything if someone dies? Yes No

