



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

Address: \_\_\_\_\_

Name: _____ Age: _____	Name: _____ Age: _____
Phone: _____ Email: _____	Phone: _____ Email: _____
Occupation: _____ DOB: _____	Occupation: _____ DOB: _____
Monthly Income: _____ Sources: _____	Monthly Income: _____ Sources: _____
Surgeries: _____ Smoker: Y / N H _____ W _____	Surgeries: _____ Smoker: Y / N H _____ W _____
Medications: _____	Medications: _____
Debt: _____	Debt: _____
Background: (DUI, Felony, etc.) _____	Background: (DUI, Felony, etc.) _____

Current Household Income: _____	Survivorship/Predicted Retirement Income: _____
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Family/Dependents in Home: \_\_\_\_\_

**Medical Conditions:** Heart Attack / Stroke / TIA / Cancer / Stints / Diabetes (Pills vs Insulin) / Neuropathy / HBP/ Lupus/RA / Asthma & COPD (Albuterol vs Corticosteroid) / Thyroid / Anxiety-Depression / Kidney or Liver Disease / STD

Mortgage Balance: \_\_\_\_\_ Mortgage Term: 15 ▪ 20 ▪ 30 | Refinanced  Purchased

House Value: \_\_\_\_\_ Equity: \_\_\_\_\_ Rent / Monthly Payment: \_\_\_\_\_

Is this your forever home? Yes  No  If **NO**... How long do you plan to stay there? \_\_\_\_\_

Do you pay more towards your mortgage to pay your loan off early? Yes  No  \_\_\_\_\_

How many months of bills do you have saved if you had zero income? \_\_\_\_\_

What assets do you have that could replace income?

401K  IRA  Stocks  Bonds  Mutual Funds  CD's  Rentals  Significant Savings

Do you have life insurance? Yes  No  | Private  Work  If **YES**...

Company: \_\_\_\_\_ Face Amount: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*(STOP - Fill out during E-App)\*

Bank: \_\_\_\_\_ Routing: \_\_\_\_\_ Account: \_\_\_\_\_

SSN: \_\_\_\_\_ DLN: \_\_\_\_\_