## INTAKE SHEET

## 'Your Current Debt/Income/Excess Snapshot'



Phone\#
Email -

MORTGAGES

| Lender <br> Name | Mortgage <br> Start Date | Mortgage <br> Term | Monthly <br> Payments* | Extra <br> Principle <br> Payments | Interest <br> Rate | Escrow <br> Payment | Mortgage <br> Insurance <br> Payment | Current <br> Mortgage <br> Balance | Original <br> Mortgage <br> Amount |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

*Including Principle, Interest, Escrow, PMI/Mortgage Insurance, etc.
LOANS

| Account <br> Name* | Loan Start <br> Date | Loan <br> Term | Monthly <br> Payment | Extra <br> Principle <br> Payment | Interest <br> Rate | Current <br> Loan <br> Balance | Original <br> Loan <br> Amount |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

*Auto Loans, Student Loans, Personal Loans, Business Loans
REVOLVING CREDIT

| Type of <br> Credit* | Current <br> Balance | Minimum <br> Payment | Extra <br> Principle <br> Payment | Interest <br> Rate | Credit <br> Limit | Credit <br> Limit |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

*LOC - Line of Credit, Credit Card, HELOC - Home Equity Line of Credit
AVERAGE HOUSEHOLD NET INCOME

| Income Source | Payment Frequency* | Average Net Income Per Paycheck |
| :---: | :--- | :--- |
|  | $?$ |  |
|  | $?$ |  |
|  | $?$ |  |

*Every Week, Every Other Week, Once a Month, Twice a Month, Every Three Months, Twice a Year, Once a Year
Monthly Expenses (All Bills--Food, Gas, Electric, Internet, Etc.)
AND
Monthly Discretionary Income (EXCE\$\$-left after Bills \& Debts are Paid)

| Addt'l Info | State | Age | D of B | Nicotine | Your Health | Medications | $\$>401 \mathrm{k}$ |
| :---: | :---: | :---: | :---: | :--- | :--- | :--- | :--- |
| You |  |  |  | $?$ | $?$ | $?$ |  |
| Spouse |  |  |  | $?$ | $?$ | $?$ |  |

