Financial Information

PERSONAL INFORMATION

Family Information Sheet

Your Background Information

Name (First, Middle, Last) _____

Social Security Number: _____ Gender: ☐Male ☐Female

Date of Birth: _____ Date of Marriage _____ Date of Separation: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Home Phone: _____

Preferred Email Address: _____

Minor Children:

Child's Name	Date of Birth	Is this a child you had with your current spouse?	Is child in custody of husband or wife currently?	Exemption Husband or Wife? (H/W)
1		Y / N	H / W	H / W
2		Y / N	H / W	H / W
3		Y / N	H / W	H / W
4		Y / N	H / W	H / W
5		Y / N	H / W	H / W
6		Y / N	H / W	H / W

Your Sources of Income:

Sources of Income	Monthly Benefit	At what age does that benefit start?	Have you started collecting this benefit?
Social Security			Y / N
Military Pension			Y / N
Work Pension (Name Company: _____)			Y / N
Work Pension (Name Company: _____)			Y / N
Real Estate Income (What date did you pay this property off? _____ Property Purchase Date: _____)	Monthly Income:	N/A	Y / N
Other Sources of Income (Describe)			Y / N

Your Work History:

This information is necessary to determine which assets were accumulated during the marriage, so only list your employers from the date of marriage until today.

Name of Employer	Year You Started Employment	Year You Left Employer

Your Non-Wage Income:

Use this spreadsheet to specify income that is not covered on any other sheet. Specify an amount in whichever column - week, month, or year, whichever is most appropriate.

Item	Weekly	Monthly	Yearly
Child support from prior relationship			
Alimony from prior relationship			
Unemployment Compensation			
Public Assistance			
Bonuses			

Commissions			
Tips			
Overtime			
Disability Benefits			
Worker's Compensation			
Royalties			
Rent from Spouse			
Deferred Compensation			
Other: Specify			

EXPENSES:

Your Detailed Expenses POST Marriage:

On this data sheet, specify the household, child, and personal expenses of everyday life. The list is meant to be comprehensive but there is no need to fill in every line. If there is a line item you want to track that isn't available, use the blank spaces at the end of the list.

Personal items:

Item	Monthly	Yearly
Spousal Support (paid by you)		
Bank Charges		
Books/Magazines		
Business Expense		
Care for Parent/Other		
Cash-Miscellaneous		
Cell Phone		
Charitable Donations		
Child Activities or Expenses		
Child Care		
Child Support (paid by you)		
Child Tutor/School Expenses		
Clothing		
Clothing for Children		
Club Dues		
Credit Card Debt (the amount you pay monthly)		
Dining		
Education		

Entertainment		
Gifts		
Groceries		
Healthcare - Dental (insurance + out of pocket)		
Healthcare - Medical (insurance + out of pocket)		
Healthcare - Prescription (insurance + out of pocket)		
Healthcare - Vision (insurance + out of pocket)		
Hobbies		
Household Items		
Laundry/Dry Cleaning		
Personal Care		
Personal Loan Payment		
Pet Care		
Public Transportation		
Recreation/Entertainment		
Self-Improvement		
Student Loan Payment		
Vacation/Travel		
Other:		
Other:		
Other:		
Other:		
Other:		

Home Expenses:

Item	Monthly	Yearly
First Mortgage		
Second Mortgage		
Home Equity Line of Credit (HELOC)		
Real Estate Tax		
Rent		
Homeowner's Insurance		
Homeowner's Association Fees		
Electricity		
Gas/Oil		
Trash Pickup		
Water/Sewer		
Cable/Satellite TV		
Internet		
Telephone (land line)		

Lawn Care		
Maintenance - Major Repairs		
Maintenance - Regular		
Furniture		
Household Help		
Other:		
Other:		

Vehicle Expenses:

Item	Monthly	Yearly
Loan Payment		
Lease Payment		
Insurance		
Personal Property tax		
Fuel		
Repairs/Maintenance		
Parking/Tolls		
Docking/Storage		
Other:		

ASSETS FOR BOTH YOU AND SPOUSE:

Checking and Savings Accounts: Note in the name if it is earmarked for a specific purpose.

Bank Accounts - Name of Institution- Please indicate what the last date that you contributed to these accounts was. (Month and year is fine.)	Ownership (H/W/Joint)?	Last 4 Digits of Acct #?	Current Balance
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		

Investment Accounts: (After tax brokerage or investing accounts, after tax annuities, stock options – do not include retirement accounts.)

Investment Accounts- Name of Institution- Please indicate the last date you contributed to these accounts (month and year is fine.)	Ownership (H/W/Joint)?	Last 4 Digits of Acct #?	Current Balance
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
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	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		
	H / W / Joint		

Retirement Accounts: (401(k)'s, 403(b)'s, 401(a)'s, 457's, Tax Deferred Annuities, Pensions, Deferred Compensation, Roth IRA's, Traditional or Rollover IRA's, etc.)

Retirement Accounts - name the Institution where the assets are held as well as the company they are associated with, if applicable. Please note when these accounts started and when you stopped contributing to them (month and year is fine.)	Type of Account (e.g., Roth IRA/401(k), etc.	Last 4 Digits of Acct #?	Current Balance

If you need additional space, attach a separate sheet.

☐Additional sheet attached.

Other Personal Items of Value:

(For example, paintings, wine collections, collectibles, patents, gold or other metals, valuable jewelry that was not a gift.)

Personal Items of Value-Indicate if these assets were owned prior to marriage or after/during marriage.	Current Value	Original Cost	Title (H / W / Joint)
			H / W / Joint
			H / W / Joint
			H / W / Joint
			H / W / Joint
			H / W / Joint
			H / W / Joint
			H / W / Joint
			H / W / Joint
			H / W / Joint
			H / W / Joint
			H / W / Joint
			H / W / Joint

Vehicles:

Make and Model of Vehicles:	Who Drives? (H/W)	Own or Lease?	Current Loan Balance (if any)?	Length of Lease (if applicable)
	H / W	O / L	O / L	
	H / W	O / L	O / L	
	H / W	O / L	O / L	
	H / W	O / L	O / L	
	H / W	O / L	O / L	

Real Estate:

Please use separate pages if more than 3 properties exist:

Basic Information	Primary Residence	2nd Property	3rd Property
Address:			
Current Value:	$	$	$
Original Cost:	$	$	$
Total Owed on Current Mortgage (Principal and Interest, not including Taxes or Insurance)			
Interest Rate:	%	%	%
Monthly Payment:	$	$	$
Title:	H / W / Joint	H / W / Joint	H / W / Joint
Second Mortgage or HELOC if applicable	$	$	$

Insurance Policies:

Name of Insurance Company	Type of Policy (whole life, term, Group)	Owner of Policy	Insured	Cash Value	Benefit Value	Premium Paid per Year
	WL / T / G	H / W / Other	H / W / Other	$	$	$
	WL / T / G	H / W / Other	H / W / Other	$	$	$
	WL / T / G	H / W / Other	H / W / Other	$	$	$
	WL / T / G	H / W / Other	H / W / Other	$	$	$
	WL / T / G	H / W / Other	H / W / Other	$	$	$
	WL / T / G	H / W / Other	H / W / Other	$	$	$
	WL / T / G	H / W / Other	H / W / Other	$	$	$

Businesses:

Description	Current Value	Original Cost	Annual Cash Flow (before taxes)	Form of Business (Individual, Partnership, S Corp or Corporation)
	$	$	$	I / P / S-Corp / Corp
	$	$	$	I / P / S-Corp / Corp
	$	$	$	I / P / S-Corp / Corp
	$	$	$	I / P / S-Corp / Corp
	$	$	$	I / P / S-Corp / Corp
	$	$	$	I / P / S-Corp / Corp
	$	$	$	I / P / S-Corp / Corp

Attach additional pages if needed.

LIABILITIES:

Debts:

Description	Current Balance	Interest Rate	Monthly Payment	Registered to Husband / Wife / Jointly
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint
	$	%	$	H / W / Joint

Do you have any additional comments that are important for me to know about (for example if you or your spouse have assets that are non-marital or if you are aware of inheritances?)

Thank you for taking the time to help me understand your full financial picture!