

EQUIS FINANCIAL NEEDS ANALYSIS

Mortgage Balance: \$ _____ Equity: \$ _____ Length of Loan: _____ Mortgage Payment: \$ _____ x12: _____

Do they plan to pay extra to pay off your mortgage early? (Yes / No) If so, how much extra are you paying? _____

<p>Name: _____</p> <p>DOB: _____ Age: _____</p> <p>Tobacco (Yes / No) If yes, type: _____</p> <p>Height: _____ Weight: _____</p> <p>Monthly Income and Sources: _____</p> <p>_____</p> <p>Current life insurance outside of work? (Yes / No) If yes, what are the details?:</p> <p>_____</p> <p>Do they have any other income sources that their spouse could use to pay bills in the event of their death or major illness (<i>old 401K, stocks, savings, etc.</i>)? (Yes / No)? If yes, what are the details? _____</p> <p>Driving Record: _____</p> <p>_____</p>	<p>Name: _____</p> <p>DOB: _____ Age: _____</p> <p>Tobacco (Yes / No) If yes, type: _____</p> <p>Height: _____ Weight: _____</p> <p>Monthly Income and Sources: _____</p> <p>_____</p> <p>Current life insurance outside of work? (Yes / No) If yes, what are the details?:</p> <p>_____</p> <p>Do they have any other income sources that their spouse could use to pay bills in the event of their death or major illness (<i>old 401K, stocks, savings, etc.</i>)? (Yes / No)? If yes, what are the details? _____</p> <p>Driving Record: _____</p> <p>_____</p>		
<p>Prescriptions:</p>	<p>Condition & Year Diagnosed:</p>	<p>Prescriptions:</p>	<p>Condition & Year Diagnosed:</p>
<p>Notes:</p>		<p>Notes:</p>	

DEBT ELIMINATION PROGRAM INFORMATION:

Is your client interested in receiving the information on how to pay-off their mortgage in half the time or less without refinancing? Inform them that you can forward their information to specialists who specialize in early mortgage and debt elimination.