

FINANCIAL DISCLOSURE FORM

NAME _____ MIDDLE _____ LAST _____

DATE OF BIRTH _____ SOCIAL SEC# _____

DRIVER LICENSE# _____ EXP _____ EMAIL _____

HOME# _____ CELL# _____

REFERRED BY/ REFERIDO POR: _____ CONTACT NUMBER: _____

I hereby grant authorization to manage the order of my financial report(s) from _____ for evaluation and understand that this is strictly confidential. Unless authorized by you in a Power of Attorney, we are not able to share information with third parties. I authorize _____ to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company.

CLIENT SIGNATURE _____ DATE _____

ADDRESS _____ ZIP _____

OFFICE USE ONLY:

GOAL: _____

Beg Fico: XP _____ EQ _____ TU _____ Information Fraud Alert Y/N: _____

COLLECTIONS _____ #INQUIRIES _____ #PUBLIC RECORDS _____ #OPEN ACCTS _____

Debt _____ 911 Funds _____ Tax Rev _____ Home Loan _____ R.E _____ CR _____ BK _____

Life _____ Retirement _____ College Fund _____ Home/Renters _____ Car Sav _____

Retirement Age _____ Dependents _____ Dependents Ages _____

Current Age _____ Married/Single _____ Life Ins (type) Y/N _____

Productive Years _____ Last Filed Tax year _____ W-2/1099/Self Employed _____

RENT/OWN \$ _____ Renters Ins Y/N _____ \$ _____ H/O INS Carrier _____

Total Cars _____ Amount Paid for Ins\$ _____ Ins Carrier _____

Employer _____ Yrs Job _____ Yearly Income _____

Yearly Household Inc _____ 401k/Retirement Y/N: _____ Assets under others Y/N: _____

Address _____ from M/Y _____ to _____

Address _____ from M/Y _____ to _____

Notes: _____

Bank Accounts with: _____

Quote/Total _____ Type of Service _____ Payment/Deposit _____ Type CC/CASH/CHK
Monthly Payments of _____ How many months _____ Approved By _____