

# Financial Assessment Intake Form

LEASE \_\_\_\_\_ LESSEE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE # \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDITIONAL CONTACT PERSON PHONE

HOUSEHOLD SIZE: \_\_\_\_\_ ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

## FUTURE HOUSEHOLD

<b>*PRIMARY LESSEE</b>	<b>*HOUSEHOLD MEMBER</b>
First Name:	First Name:
Last Name:	Last Name:
Date of Birth:	Date of Birth:
Role (circle or check one):	Role (circle or check one):
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer
<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member	<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member
Relationship to Primary Lessee (circle or check one):	Relationship to Primary Lessee (circle or check one):
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandchild
<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:
<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD

<b>*HOUSEHOLD MEMBER</b>	<b>*HOUSEHOLD MEMBER</b>
First Name:	First Name:
Last Name:	Last Name:
Date of Birth:	Date of Birth:
Role (circle or check one):	Role (circle or check one):
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer
<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member	<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member
Relationship to Primary Lessee (circle or check one):	Relationship to Primary Lessee (circle or check one):
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child
<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:
<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD

# Financial Assessment Intake Form

## FUTURE HOUSEHOLD

<b>*HOUSEHOLD MEMBER</b>	<b>*HOUSEHOLD MEMBER</b>
<b>First Name:</b>	<b>First Name:</b>
<b>Last Name:</b>	<b>Last Name:</b>
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>Role (circle or check one):</b>	<b>Role (circle or check one):</b>
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer
<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member	<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member
<b>Relationship to Primary Lessee (circle or check one):</b>	<b>Relationship to Primary Lessee (circle or check one):</b>
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child
<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:
<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD

<b>*HOUSEHOLD MEMBER</b>	<b>*HOUSEHOLD MEMBER</b>
<b>First Name:</b>	<b>First Name:</b>
<b>Last Name:</b>	<b>Last Name:</b>
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>Role (circle or check one):</b>	<b>Role (circle or check one):</b>
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Co-Signer
<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member	<input type="checkbox"/> Co-Lessee <input type="checkbox"/> Household Member
<b>Relationship to Primary Lessee (circle or check one):</b>	<b>Relationship to Primary Lessee (circle or check one):</b>
<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Primary Lessee <input type="checkbox"/> Spouse <input type="checkbox"/> Child
<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:	<input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other:
<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> ID TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD

# Financial Assessment Intake Form

LEASE # \_\_\_\_\_

LESSEE \_\_\_\_\_

## INCOME SOURCES

<b>*INCOME SOURCE</b>	<b>*INCOME SOURCE</b>
Income For:	Income For:
Income Type (circle or check one):	Income Type (circle or check one):
<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self- Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement	<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self- Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement
<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:	<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:
Employer/Source:	Employer/Source:
How often (circle or check one): <input type="checkbox"/> Other:	How often (circle or check one): <input type="checkbox"/> Other:
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount before taxes: \$	Amount before taxes: \$
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

<b>*INCOME SOURCE</b>	<b>*INCOME SOURCE</b>
Income For:	Income For:
Income Type (circle or check one):	Income Type (circle or check one):
<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self- Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement	<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self- Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement
<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:	<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:
Employer/Source:	Employer/Source:
How often (circle or check one): <input type="checkbox"/> Other:	How often (circle or check one): <input type="checkbox"/> Other:
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Amount before taxes: \$	Amount before taxes: \$
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

# Financial Assessment Intake Form

## INCOME SOURCE

<b>*INCOME SOURCE</b>	<b>*INCOME SOURCE</b>
<b>Income For:</b>	<b>Income For:</b>
<b>Income Type (circle or check one):</b>	<b>Income Type (circle or check one):</b>
<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self- Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement	<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self- Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement
<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:	<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:
<b>Employer/Source:</b>	<b>Employer/Source:</b>
<b>How often (circle or check one):</b> <input type="checkbox"/> Other:	<b>How often (circle or check one):</b> <input type="checkbox"/> Other:
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<b>Amount before taxes: \$</b>	<b>Amount before taxes: \$</b>
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
<b>Notes:</b>	<b>Notes:</b>

<b>*INCOME SOURCE</b>	<b>*INCOME SOURCE</b>
<b>Income For:</b>	<b>Income For:</b>
<b>Income Type (circle or check one):</b>	<b>Income Type (circle or check one):</b>
<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self- Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement	<input type="checkbox"/> Employ. Wages <input type="checkbox"/> Self- Employ. <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement
<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:	<input type="checkbox"/> Disability <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Inc. <input type="checkbox"/> Other:
<b>Employer/Source:</b>	<b>Employer/Source:</b>
<b>How often (circle or check one):</b> <input type="checkbox"/> Other:	<b>How often (circle or check one):</b> <input type="checkbox"/> Other:
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
<b>Amount before taxes: \$</b>	<b>Amount before taxes: \$</b>
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
<b>Notes:</b>	<b>Notes:</b>

# Financial Assessment Intake Form

LEASE # \_\_\_\_\_

LESSEE \_\_\_\_\_

## ASSETS

<b>*ASSET SOURCE</b>	<b>*ASSET SOURCE</b>
Asset Owner:	Asset Owner:
Asset Type (circle or check one): <input type="checkbox"/> Other:	Asset Type (circle or check one): <input type="checkbox"/> Other:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)
Source Name:	Source Name:
Current or Estimated Value of the Asset: \$	Current or Estimated Value of the Asset: \$
Ownership Type (circle or check one):	Ownership Type (circle or check one):
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:
Convertibility of Asset: <input type="checkbox"/> Asset can be converted to cash (liquid)	Convertibility of Asset: <input type="checkbox"/> Asset can be converted to cash (liquid)
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

<b>*ASSET SOURCE</b>	<b>*ASSET SOURCE</b>
Asset Owner:	Asset Owner:
Asset Type (circle or check one): <input type="checkbox"/> Other:	Asset Type (circle or check one): <input type="checkbox"/> Other:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)
Source Name:	Source Name:
Current or Estimated Value of the Asset: \$	Current or Estimated Value of the Asset: \$
Ownership Type (circle or check one):	Ownership Type (circle or check one):
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:
Convertibility of Asset: <input type="checkbox"/> Asset can be converted to cash (liquid)	Convertibility of Asset: <input type="checkbox"/> Asset can be converted to cash (liquid)
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

# Financial Assessment Intake Form

## ASSETS SOURCES

<b>*ASSET SOURCE</b>	<b>*ASSET SOURCE</b>
<b>Asset Owner:</b>	<b>Asset Owner:</b>
<b>Asset Type (circle or check one):</b> <input type="checkbox"/> Other:	<b>Asset Type (circle or check one):</b> <input type="checkbox"/> Other:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)
<b>Source Name:</b>	<b>Source Name:</b>
<b>Current or Estimated Value of the Asset: \$</b>	<b>Current or Estimated Value of the Asset: \$</b>
<b>Ownership Type (circle or check one):</b>	<b>Ownership Type (circle or check one):</b>
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:
<b>Convertibility of Asset:</b> <input type="checkbox"/> Asset can be converted to cash (liquid)	<b>Convertibility of Asset:</b> <input type="checkbox"/> Asset can be converted to cash (liquid)
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
<b>Notes:</b>	<b>Notes:</b>

<b>*ASSET SOURCE</b>	<b>*ASSET SOURCE</b>
<b>Asset Owner:</b>	<b>Asset Owner:</b>
<b>Asset Type (circle or check one):</b> <input type="checkbox"/> Other:	<b>Asset Type (circle or check one):</b> <input type="checkbox"/> Other:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market Acct. <input type="checkbox"/> 401k / Retirement <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Investment Acct. <input type="checkbox"/> Vehicle <input type="checkbox"/> Real Estate <input type="checkbox"/> Business Assets <input type="checkbox"/> Life Insurance (Cash Value)
<b>Source Name:</b>	<b>Source Name:</b>
<b>Current or Estimated Value of the Asset: \$</b>	<b>Current or Estimated Value of the Asset: \$</b>
<b>Ownership Type (circle or check one):</b>	<b>Ownership Type (circle or check one):</b>
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Business <input type="checkbox"/> Other:
<b>Convertibility of Asset:</b> <input type="checkbox"/> Asset can be converted to cash (liquid)	<b>Convertibility of Asset:</b> <input type="checkbox"/> Asset can be converted to cash (liquid)
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
<b>Notes:</b>	<b>Notes:</b>

# Financial Assessment Intake Form

LEASE # \_\_\_\_\_

LESSEE \_\_\_\_\_

## LIABILITIES (DEBT)

*LIABILITIES	*LIABILITIES
Creditor/Lender:	Creditor/Lender:
Debt Type (circle or check one):	Debt Type (circle or check one):
<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:	<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:
Outstanding Balance: \$	Outstanding Balance: \$
Monthly Payment: \$	Monthly Payment: \$
Responsible Person:	Responsible Person:
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

*LIABILITIES	*LIABILITIES
Creditor/Lender:	Creditor/Lender:
Debt Type (circle or check one):	Debt Type (circle or check one):
<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:	<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:
Outstanding Balance: \$	Outstanding Balance: \$
Monthly Payment: \$	Monthly Payment: \$
Responsible Person:	Responsible Person:
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
Notes:	Notes:

# Financial Assessment Intake Form

## LIABILITIES (DEBT)

<b>*LIABILITIES</b>	<b>*LIABILITIES</b>
<b>Creditor/Lender:</b>	<b>Creditor/Lender:</b>
<b>Debt Type (circle or check one):</b>	<b>Debt Type (circle or check one):</b>
<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:	<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:
<b>Outstanding Balance: \$</b>	<b>Outstanding Balance: \$</b>
<b>Monthly Payment: \$</b>	<b>Monthly Payment: \$</b>
<b>Responsible Person:</b>	<b>Responsible Person:</b>
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
<b>Notes:</b>	<b>Notes:</b>

<b>*LIABILITIES</b>	<b>*LIABILITIES</b>
<b>Creditor/Lender:</b>	<b>Creditor/Lender:</b>
<b>Debt Type (circle or check one):</b>	<b>Debt Type (circle or check one):</b>
<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:	<input type="checkbox"/> Credit Card Loan <input type="checkbox"/> Personal Loan <input type="checkbox"/> Car Loan <input type="checkbox"/> Student Loan <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit <input type="checkbox"/> Business Loan <input type="checkbox"/> Installment Plan <input type="checkbox"/> Other:
<b>Outstanding Balance: \$</b>	<b>Outstanding Balance: \$</b>
<b>Monthly Payment: \$</b>	<b>Monthly Payment: \$</b>
<b>Responsible Person:</b>	<b>Responsible Person:</b>
<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)	<input type="checkbox"/> DOCUMENTATION TO UPLOAD <input type="checkbox"/> SELF-ATTEST (VERBAL)
<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD	<input type="checkbox"/> EMAIL OR TEXT TO HELEN <input type="checkbox"/> PROVIDED LINK TO UPLOAD
<b>Notes:</b>	<b>Notes:</b>