Cash Flow Data Sheet

Date	

Gen	eral Client Information		
Client			
Name(s):			
Street			
Address:			
City:	State:	Zip:	
Home Phone:	E-Mail:		
Cell Phone(s):			
Work			
Phone(s):			

Important Notes/Unique Circumstances				

Mortgage Information

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Please complete the fields only as they apply to you. If you do not have a second mortgage or a HELOC, leave those areas blank. Any additional information that you feel is pertinent please list in the **Additional Notes/Information** area.

1 st Mo	rtgage
Bank/Institution Name	
Original Mortgage Principle	
Original Start Date	
Current Balance	
Term (Years)	
Interest Rate	
Total Payment (Principle, Interest, Taxes, Insurance*)	
Date of Month Due	
Additional Notes/Information	

^{*}If you pay property taxes and homeowner's insurance separately rather then as part of your mortgage payment, list them below in the Expenses section.

2 nd Mortgage	(if applicable)
Bank/Institution Name	
Original Mortgage Principle	
Original Start Date	
Current Balance	
Term (Years)	
Interest Rate	
Total Payment	
Date of Month Due	
Additional Notes/Information	

HELOC (if applicable)			
Bank/Institution Name			
HELOC Limit			
Current Balance Owed			
Interest Rate			
Monthly Payment			
Date of Month Due			
Additional Notes/Information			

Income Information

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Please note that income should reflect net checks after taxes, 401(k) contributions, and stock purchases. Complete only as it applies to your circumstances.

purchases. Complete only as it applies to	our circumstances.
Hushand Pri	mary Income
Husband's Name	
Net Amount of Check	
Interval (Weekly, Every two weeks, Monthly)	
Date of Month Paid	
Net Bonus Paid (if applicable)	
Bonus Interval (if applicable)	
Date of Bonus Payment (if applicable)	
Additional Notes/Information	
Traditional Notes, information	
Wife Prima	ary Income
Wife's Name	
Net Amount of Check	
Interval (Weekly, Every two weeks, Monthly)	
Date of Month Paid	
Net Bonus Paid (if applicable)	
Bonus Interval (if applicable)	
Date of Bonus Payment (if applicable)	
Additional Notes/Information	
Additional/And	cillary Income 1
Income Source	
Net Amount of Income	
Interval (Weekly, Every two weeks, Monthly)	
Date of Month Paid	
Additional Notes/Information	
,	cillary Income 2
Income Source	
Net Amount of Income	
Interval (Weekly, Every two weeks, Monthly)	
Date of Month Paid	
Additional Notes/Information	

Expense Information

Note

Please do not hesitate to edit our template so that it accurately reflects your circumstances (example: many clients have cable and internet as one bill). We've also included blank fields so that you can add ones we may have missed. However, please be sure to always indicate the interval of the expense (weekly, monthly, quarterly, annually, etc) and the date paid/due as this will help us accurately understand your cash flow.

Household Expenses				
Expense Name	Amount	Interval	Date Paid/Due	
Property Taxes*			·	
Homeowner's Insurance*				
Car Insurance				
Life Insurance				
Electricity				
Water				
Garbage				
Sewerage				
Cell Phones				
Cable				
Internet				
Home Phone				
Cleaning				
Property Maintenance				
Groceries				
Entertainment				
Gas				
Gifts				
Clothing				
School Expenses				
Vacation Budget				
Christmas Budget				
Savings Accounts				
Time Shares				
Religious Contributions				

^{*}If you pay property taxes and homeowner's insurance as part of your mortgage payment, DO NOT list them here. Instead, include them in your monthly mortgage payment.

Debt Information

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N	O	ut	

Please include all debts, balances, minimum payments, monthly payment you make (if above the minimum), interest rates, dates paid, and anticipated pay-off dates. Car payments/loans, credit cards, and other loans should all be included.

Name	Balance	Minimum Payment	Monthly Payment	Interest Rate	Date Paid/Due	Payoff Date

College Information

Note

When formulating a long-term plan, we want to be sure that we take into account expected college bills and debt. If we do not plan for it now, college can become a significant roadblock in our financial future. Please provide us with both the names of your students and year you expect them to enter college for the first Fall semester.

Upcoming College-bound Students			
Name:	Enters college Fall of		
Name:	Enters college Fall of		
Name:	Enters college Fall of		

Monthly Inflows:	
Monthly Outflows:	
Monthly Difference:	
If the monthly discretionary dollar is positive, where are these funds being store	ed?