



Fundamentals Intake Sheet

Name _____ DOB: _____

State: _____ Phone: _____ Email: _____

Mortgages

Lender	Start Date	Term	Monthly Payment	Extra Principal	Interest Rate	Escrow	PMI	Current Balance	Original Amount

Loans (vehicle, student loans, IRS, personal loans, business loans)

Type	Start Date	Loan Term	Monthly Payment	Extra Principal	Interest Rate	Current Balance	Original Loan Amount

Revolving Credit (lines of credit, Credit Cards, HELOC)

Type of Credit	Current Balance	Minimum Payment	Extra Principal	Interest Rate	Credit Limit

Average Household Income (Net)

Income Source	Payment Frequency	Average Net Per Paycheck

Total Monthly Expenses (do not include debt payments): _____

Discretionary Income (what is left after all spending): _____

Who is the healthiest in your house? _____ Any Nicotine Use in last 10 years? _____

Currently taking any prescription medications? _____