



Transformation to Financial Freedom

Name: _____ Age _____ Type of Work _____

Spouse Name: _____ Age _____ Type of Work _____

Mailing Address: _____

Phone #: _____ Email: _____

Appointment date: _____ Number of Children/Dependents: _____

INCOME

Monthly NET take home pay \$ _____ Do you have irregular income? ___ Yes ___ No

SAVINGS

How much do you have in a basic savings? \$ _____ Retirement? \$ _____

Do you contribute to a retirement account monthly? If so how much per month? \$ _____

Any other investment/savings plans? (Describe) _____

HOUSING

Do you own or rent? _____ Own _____ Rent _____ How much is monthly payment? \$ _____

Are you current? _____ Yes _____ No

CONSUMER DEBT

Auto Loan Payments: \$ _____ \$ _____ \$ _____ \$ _____

Credit Card Balances (total): \$ _____ Payments (total): \$ _____

Student Loans (total): \$ _____ Payments (total): \$ _____

Taxes Due: \$ _____

Other (Describe): \$ _____

What primary issue would you like to focus on during your coaching session?

___ Budgeting ___ Real Estate ___ Dealing with Collectors ___ Wealth Building/Investing

___ Debt Elimination ___ Other (Describe) _____

Top 3 questions or concerns about your situation:

1. _____

2. _____

3. _____