

PERSONAL FINANCE MANAGEMENT
14887 HWY 105 WEST # 108
MONTGOMERY, TX 77356
936-447-1626 METRO LINE
936-520-8030 CELL
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Fax for Counseling Appointment

To:

From:

Fax: 832-201-7677

Pages:

Date:

Re:

PREPARING FOR YOUR SESSION

Things you need to bring:

- Results of two years tax returns.
- A copy of your monthly budget or monthly expenses.
- A list of all household income sources.
- A complete list of all debts (including, but not limited to, credit cards, student loans, mortgages, etc.). For each item in this list, include the current minimum payment and the total payoff.
- A list of all insurances (including, but not limited to, health, life disability, car, homeowner, etc.). For each item in this list, include current deductible and all possible deductibles.
- A thorough list of all financial assets (including, but not limited to, savings, 401k's, IRA's, CD's, etc.).
- Present market values of all real estate owned.
- If you own your own business (as a sole proprietorship), include all relevant company documents (including company P & L statements).

MOST IMPORTANTLY
BRING A LIST OF ALL PERTINENT QUESTIONS
THAT YOU WOULD LIKE ANSWERED!

INSTRUCTIONS FOR PRELIMINARY WORK

MONTHLY INCOME SOURCES

List all regular net income sources

List all irregular net income sources (i.e. commissions, bonuses, etc.)

Tax refunds/ Rents

Self-Employment income

(you only need to fill out form above total income line)

CONSUMER EQUITY

List all assets

List estimated market value as well as payoff of secured debt

List unsecured debt

BASIC BUDGET

Add categories when necessary

Remember non-monthly annual lump sum totals

DEBT SNOWBALL

List all debt smallest amount to largest

List minimum payment due

Fax or e-mail forms to counseling department two days before scheduled appointment date. For more information call our Customer Care Center at

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COUNSELING PRIORITY ANALYSIS

Identify your top 3 priorities with "1" "2" or "3" for the next 6 months.

1. Developing a Money Spending Plan (Budget) _____
2. Personal Debt Elimination _____
3. Establishing An Emergency/
Opportunity Savings Fund _____
4. Estate Planning – Wills & Trusts _____
5. Career Planning _____
6. Retirement Planning/
Financial Independence Planning _____
7. Investment Planning _____
8. Business Development – Planning _____
9. Other Goals _____

What issues would you like to discuss during our meeting?

MONTHLY INCOME SOURCES

Types of Income	Current Mo. Amount	Irregular
Income 1		
Income 2		
Income 3		
Interest/Rents/Misc		
Tax/Refund		
Other		
Self-Employment		
TOTAL INCOME		
TOTAL NECESSITIES		
DISPOSABLE INCOME		
DEBT PAYMENT		
EXTRA FOR DEBT		
REDUCTION AND/OR		
SAVINGS		
EMERGENCY FUND		
3X Monthly Necessities		
LIFE INSURANCE		
8X Annual Income		

BASIC BUDGET

*Envelope System	Item	Monthly Total	NonMonthly Total
GIVING			
EMERGENCY SAVINGS			
	Other		
HOUSING - First Mortgage			
	Repairs/Upkeep		
UTILITIES - Electricity			
	Water		
	Phone		
	Trash		
	Cable		
	Internet		
GROCERIES			
	Eating Out		
MISC-Postage/DryCleaners			
	Gifts		
TRANSPORTATION - Car Pymt.			
	Car Pymt. 2		
	Gas/Metro		
	Repairs, Oil, Tires		
	Car Ins/Reg/Tags		
CLOTHING			
	Personal Care/Hair		
	Disability Ins.		
	Health Ins.		
	Life Ins.		
	Life Ins. - kids		
	Entertainment		
	Vacation		
	Med Co-Pay/RX/Den/Opt		
	Blow Money		
	Other		
	Other		
	Other		
	Other		
TOTALS			

CONSUMER EQUITY

ITEM/DESCRIBE	VALUE	DEBT	EQUITY	Int. Rate
Real Estate 1				
Real Estate 2				
Car 1				
Car 2				
Cash on Hand				
Checking Account 1				
Checking Account 2				
Savings Account 1				
Savings Account 2				
Money Market Account				
Mutual Funds				
Retirement Plan 1				
Retirement Plan 2				
Retirement Plan 3				
Retirement Plan 4				
Stocks or Bonds				
Insurance (Cash Value)				
Household Items				
Jewelry				
Antiques				
Unsecured Debt (Neg.)				
IRS Debt (Neg.)				
Other				
Other				
Other				
Other				
Other				
TOTALS				

