NEEDS ANALYSIS

Date: _____

Mortgage Balance:$_____ Term:10,15,20,30   **Equity:**$_____   **Mortgage Payment:**$_____

Name:_____ **DOB:**_____
(male / female)
Age:_____

Name:_____ **DOB:**_____
(male / female)
Age:_____

Current Life Insurance Coverage: Carrier, Face Amt, Issue Yr Living Benefits? Previous Apps or declines?	**Current Life Insurance Coverage:** Carrier, Face Amt, Issue Yr Living Benefits? Previous Apps or declines?
What do you have to help pay the mortgage in a Financial Emergency? (Savings, old 401k)	**What do you have to help pay the mortgage in a Financial Emergency? (Savings, old 401k)**

Medical History   Tobacco: Yes / No   Type:_____
Height:_____   Weight:_____

Medical History   Tobacco: Yes / No   Type:_____
Height:_____   Weight:_____

Prescriptions	Condition / Year	Prescriptions	Condition / Year

HA/Stroke/Stent/CHF/Cancer COPD/Inhaler/Diab/PainRx/Anxiety/Depression

HA/Stroke/Stent/CHF/Cancer COPD/Inhaler/Diab/PainRx/Anxiety/Depression

Driving Record last 10 years: (tickets, DUI, suspension)

Driving Record last 10 years: (tickets, DUI, suspension)

Monthly Net Income / Sources / Job Description / Disability	**Monthly Net Income / Sources / Job Description / Disability**

Total Monthly Income $_____

Income w/out spouse: _____

Income w/out spouse: _____