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(AKA) Financial Solutions
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Clinton Office

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CONFIDENTIAL CLIENT PROFILE

Date: _____

(Where space is insufficient, use blank space on the page to make notes and refer to the question number.)

	First	Initial	Last	Suffix	Date of Birth	Yrs. School	Social Security #
Self							
Spouse							
Child							
Child							
Child							

Spouse Maiden Name: _____ Date of Marriage: _____

CURRENT ADDRESS (If less than two years, please provide previous address below.)

Street:	<input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.:	Apt. Suite:
City:	State:	Zip:

PREVIOUS ADDRESS

Street:	<input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.:	Apt. Suite:
City:	State:	Zip:

PHONE NUMBERS

Self	Spouse/Other
Home:	Home:
Home Fax:	Home Fax:
Work:	Work:
Work Fax:	Work Fax:
Cell:	Cell:
E-Mail:	E-Mail:

Notary

Colwell Banker Realty • Heritage Mortgage Banking Corp • Life Insurance Agent

EMPLOYMENT

Self		Spouse	
Employer:		Employer:	
Address:		Address:	
Address:		Address:	
City:	State:	Zip:	City:
			State:
			Zip:
Occupation:		Occupation:	
Years with Employer:	Years in Occupation:	Years with Employer:	Years in Occupation:
Supervisor:		Supervisor:	

INCOME

	Base Salary	Bonus	Commissions	Overtime	Total
Your Primary Income	\$	\$	\$	\$	\$
Spouse's Primary Income	\$	\$	\$	\$	\$
Self Employed Income	Borrower Gross \$	Borrower Adj. Gross \$	Co-Borrower Gross \$	Co-Borrower Ad. Gross \$	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC
Other Income: Investment, Alimony, Child Support, Pension, VA, Disability					\$

ADDITIONAL INFORMATION

Do you have an Executed Will? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a Safety Deposit Box? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Living Will? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have an Accountant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attorney Name:		Accountant Name:	
Address:		Address:	
Address:		Address:	
Phone:		Phone:	
Mobile:		Mobile:	
Fax:		Fax:	
Email:		Email:	

ASSETS List each Account Separately (List Dollar Amount)

Account Type	Name of Institution	Joint	Self	Spouse	Children
Checking		\$	\$	\$	\$
Checking		\$	\$	\$	\$
Savings		\$	\$	\$	\$
Savings		\$	\$	\$	\$
Business		\$	\$	\$	\$
Business		\$	\$	\$	\$
Credit Union		\$	\$	\$	\$
Credit Union		\$	\$	\$	\$
CD's		\$	\$	\$	\$
Broker 1:					
Money Market		\$	\$	\$	\$
Stocks		\$	\$	\$	\$
Bonds		\$	\$	\$	\$
Other		\$	\$	\$	\$
Broker 2:					
Money Market		\$	\$	\$	\$
Stocks		\$	\$	\$	\$
Bonds		\$	\$	\$	\$
Other		\$	\$	\$	\$
Vested Profit Sharing					
Retirement Plan (401K, etc)		\$	\$	\$	\$
IRA		\$	\$	\$	\$
Roth IRA		\$	\$	\$	\$
Keogh		\$	\$	\$	\$
Annuities		\$	\$	\$	\$

PLEASE PROVIDE STATEMENTS FOR EACH ACCOUNT

CONFIDENTIAL CLIENT PROFILE (Page 4 of 5)

REAL ESTATE	Property Type	Value	Mtg. Bal.	Int. Rate	Mtg. Pymt.	Tax, Insurance Maintenance	Purchase Info
Other Property		\$	\$			Tax: Ins: Maint:	Year: Price:

Rent: \$ _____	Landlord Name: _____ Phone #: _____ Address: _____ _____
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REAL ESTATE	Property Type	Value	Mtg. Bal.	Int. Rate	Mtg. Pymt.	Tax, Insurance Maintenance	Purchase Info
Residence		\$	\$			Tax: Ins: Maint:	Year: Price:

LOANS & DEBTS (Include personal loans, college loans, home improvement loans, automobile & boat loans, credit card balances, credit lines, etc.)

Revolving Credit Or Type of Loan	Monthly Payment	Months Remaining	Unpaid Balance	Interest Rate	
	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
Divorce/ Alimony	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
Divorce/ Child Support	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
Automobile 1 Type: Value: \$	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
Automobile 2 Type: Value: \$	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
Boat Value: \$	\$		\$	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
Alimony/Child Support	\$				Self <input type="checkbox"/> Spouse <input type="checkbox"/>

LIFE INSURANCE & DISABILITY

Family Member	Insurance Company	Policy Number	Amount of Coverage	Annual		Policy Loans
				Premiums	Dividends	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	

	Self	Spouse
Smoker?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Medications	Med 1 _____ Med 2 _____ Med 3 _____	Med 1 _____ Med 2 _____ Med 3 _____
Medical History:		

Self	Spouse
Driver License # _____	_____
Issue Date: _____	_____
Expiration Date: _____	_____

CHECKLIST OF REQUIRED DOCUMENTS: (For self and spouse, where applicable)

<input type="checkbox"/> Federal Tax Returns & W-2s for last two years	<input type="checkbox"/> Monthly Mortgage Statement
<input type="checkbox"/> One month of paycheck stub(s)	<input type="checkbox"/> Wills, Powers of Attorney and Living Wills
<input type="checkbox"/> Bank Statements (Checking / Savings - Last 2 Months)	<input type="checkbox"/> Divorce Documents
<input type="checkbox"/> Retirement Statements (401K / IRA - Latest Quarter)	
<input type="checkbox"/> Securities (Stocks / Mutual Funds – Latest Quarter)	<input type="checkbox"/> Two Forms of Identification (one must be photo): State Issued Driver's License, State Issued ID Card, Military ID Card, Passport, US Alien Registration Card, Canadian Driver's License, Soc. Sec. Card, Birth Certificate, Voter Registration Card, Property Tax Bill
<input type="checkbox"/> Title Insurance, Deed & Survey Documents	
<input type="checkbox"/> Home Owner's Insurance Policy & Umbrella Policy	
<input type="checkbox"/> Automobile Insurance Policies	
<input type="checkbox"/> Life Insurance Policies (for all family members)	

I (we) have provided the above information with the understanding that it may be used to obtain information bearing on my (our) creditworthiness, which may serve as a factor in establishing my (our) eligibility for mortgage credit. Licensing is through the Department of Banking & Insurance, NMLS # 216771.

Signature

Borrower

Date

Signature

Borrower

Date