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LEARN TO EARN

The information requested herein is for the purpose of joining

The Millionaire's Club

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

DOB: _____ SS# _____ Driver's License # _____

Primary phone number: _____ Secondary phone number _____

Housing & Asset Information

Own: _____ Rent: _____, if you own, date purchased: _____, Purchase price: _____

What is the outstanding Mortgage: _____, Who's name is on title: _____

Do you own a car: Y / N Year: _____ Type: _____ Model: _____

Amount Financed: _____ Balance Owed: _____

Do you have a Savings account: Y / N, if yes, name of bank or credit union: _____

Do you have a Checking account: Y / N, if yes, name of bank or credit union: _____

Do you participate in a 401K: Y / N, if yes, what is the current value: _____

What is your total credit card debt: _____ what is the monthly payment: _____

Do you have any other debts: Y / N, if yes, what is the monthly payment: _____

Do you receive court ordered child support: Y / N Do you pay child support: Y / N

Do you receive any other type of income: Y / N, if yes, give details: _____

Name and Address of Employer: _____

Phone Number: _____ Contact Person: _____

Job Title: _____ Years on the Job: _____

Less than two years

Former Employer: _____

Phone Number: _____ Job Title: _____ Years on the Job: _____

Marital status: S / M Dependents: Y / N, if yes, how many: _____, ages: _____

Gross Annual Income: _____ Company Rep: _____

Budget and Estate Overview

What is your monthly take home income (income after taxes and other deductions): \$ _____

What is 10% percent of your take home income: \$ _____

What is 35% percent of your take home income: \$ _____

At what age would you like to stop working: _____

Do you plan to get married: _____

Do you plan to have children: _____, if so how many: _____

Would you work after you marry: _____

Would you work after you had children: _____

How much cash do you have on hand: \$ _____

How many months, if do to a sickness or injury could your cash on hand cover your debts: _____

Who can you call on for financial assistance if you needed: _____

Who may call on you for financial assistance if they needed: _____

How many siblings do you have: _____, are you the older: _____

Circle the types of insurances do you have (life health auto homeowners disability income)

What are the names of your insurance carriers: _____

What are your goals for the next 12 months: _____

What are your goals for the next 13-36 months: _____

What are your goals for the next 37-60 months: _____

Do your parents have an Estate: _____

Do they have a Will: _____, Do they have a Trust: _____

Do you have an Estate: _____

Do you have a Will: _____, Do you have a Trust: _____

If you had passed in your sleep last night, who would you have wanted to receive your assets: _____

What is your definition of rich: _____

What is your definition of worthy: _____

Which one would you rather be: _____

For you, what is more valuable: time _____ or money _____ and why _____

Comments
