

Client Financial Statement

Client Information

Name

Address

Phone

Email

Date of Statement

Assets

Description

Value

Cash

Checking Accounts

Savings Accounts

Investments

Real Estate

Other Assets

Total Assets

Liabilities

Description

Amount

Credit Card Debt

Loan(s)

Mortgage

Other Liabilities

Total Liabilities

Net Worth

Calculation

Amount

Total Assets – Total Liabilities _____

Income

Source	Amount (per month)
Salary	_____
Business/Other Income	_____
Investment Income	_____
Other	_____
Total Income	_____

Expenses

Type	Amount (per month)
Housing	_____
Utilities	_____
Food	_____
Transportation	_____
Insurance	_____
Loan Payments	_____
Other Expenses	_____
Total Expenses	_____

Additional Notes

Signature: _____ Date: _____