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FINANCIAL SOLUTIONS OF CENTRAL JERSEY, INC.  
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 BERNARDSVILLE 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:
EMail:	EMail:

**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	\$	\$	\$	\$	\$
Other Income: Investment, Alimony, Child Support, Pension, VA, Disability					\$

Self Employed  Yes  No
  Sole Proprietor
  Partnership
  Corporation
  LLC
  Other

**ADDITIONAL INFORMATION**

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

**ASSETS** List each Account Separately (List Dollar Amount)

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

**PLEASE PROVIDE STATEMENTS FOR EACH ACCOUNT**

<b>Rent:</b> \$ _____	<b>Land Lord Name:</b> _____ <b>Phone #:</b> _____ <b>Address:</b> _____ _____
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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:

REAL ESTATE	Property Type	Value	Mtg. Bal.	Int. Rate	Mtg. Pymt.	Tax, Insurance Maintenance	Purchase Info
Other Property		\$ _____	\$ _____			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 Value: \$	\$ _____		\$ _____	%	Self <input type="checkbox"/> Spouse <input type="checkbox"/>
Automobile 2 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"/>

