

**FINANCIAL ASSESSMENT  
INFORMATION SHEET**

1. On a scale of 1-10, with 1 being the lowest and 10 being the highest, what is your desire to be debt free and financially free? \_\_\_\_\_
2. On a scale of 1-10, with 1 being the lowest and 10 being the highest, what is your desire to have money working for you instead of you working for it? \_\_\_\_\_
3. On a scale of 1-10, with 1 being the lowest and 10 being the highest, how important is it for you to be healthy, fit and live longer life? \_\_\_\_\_

\_\_\_ Yes, I am interested (Financial Independence Options)

My Major Area of Interest is in: (rank all that apply 1-10) \_\_\_ save on Travel, Vacation, & Online Shopping

- \_\_\_ Credit Improvement (credit repair)    \_\_\_ Save & Invest Money    \_\_\_ Identity Theft
- \_\_\_ Buy Home/Property/Reference    \_\_\_ Reduce Taxes    \_\_\_ Income Insurance Protection
- \_\_\_ Increase Cash Flow    \_\_\_ Reducing Debt    \_\_\_ Estate Planning

PURCHASE    REFINANCE    EQUITY    DEBT CONSOLIDATION    REQUESTED LOAN AMT. \_\_\_\_\_

BORROWER NAME \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

CO-BORROWER NAME \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

HOME#(\_\_\_\_) \_\_\_\_\_ WORK#(\_\_\_\_) \_\_\_\_\_ CELL#(\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_ YRS OWNED/RENTED \_\_\_\_\_

(IF RESIDED AT PRESENT ADDRESS LESS THAN TWO YEARS THEN FILL IN BELOW)

PREV ADDRESS \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**PROPERTY INFORMATION**

PROPERTY ADDRESS \_\_\_\_\_

PROPERTY TYPE    SFR    1    2    3    4    FLAT (CIRCLE ONE)    CONDO    TOWNHOUSE    OTHER \_\_\_\_\_

EXTERIOR    BRICK \_\_\_\_\_    FRAME \_\_\_\_\_    ALM \_\_\_\_\_    SUBDIVISION NAME (IF ANY) \_\_\_\_\_

GARAGE    1    2    3    4    ½    CAR (CIRCLE ONE)    ATTACHED \_\_\_\_\_    DETACHED \_\_\_\_\_    CENTRAL AIR \_\_\_\_\_    YES \_\_\_\_\_    NO \_\_\_\_\_

BEDROOMS    1    2    3    4    5    6    BATHROOMS \_\_\_\_\_    YEAR BUILT \_\_\_\_\_    YR BOUGHT \_\_\_\_\_    \$ \_\_\_\_\_

BASEMENT    YES    NO (IF YES)    FULL \_\_\_\_\_    HALF \_\_\_\_\_    FINISHED \_\_\_\_\_    # OF BATH/BR \_\_\_\_\_

TYPE/STYLE    RANCH \_\_\_\_\_    2 STORY \_\_\_\_\_    SPLITLEVEL \_\_\_\_\_    OTHER \_\_\_\_\_

ANY EXTRAS (CIRCLE ONE)    LIVING ROOM    DINING ROOM    KITCHEN    FAMILY ROOM    DECK    POOL    FIRE PLACE

FAIR MARKET VALUE \_\_\_\_\_ YEAR LAST APPRAISED \_\_\_\_\_

**FINACIAL ASSESSMENT  
INFORMATION SHEET**

**MORTGAGE INFORMATION**

**TERM** 30 20 15 10 (CIRCLE ONE) **PROGRAM** FIXED ADJ BALLOON OTHER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ % MORTGAGE BALANCE \$ \_\_\_\_\_ R.E. TAXES 1 YR \_\_\_\_\_

PAYMENTS \$ \_\_\_\_\_ DOES YOUR PAYMENT INCLUDE TAXES AND INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

ORIGINAL PURCHASE PRICE \_\_\_\_\_ HOMEOWNERS INSURANCE PREMIUM ANNUALLY \_\_\_\_\_

CURRENT MORTGAGE COMPANY \_\_\_\_\_ 2<sup>ND</sup> MTG. CO. \_\_\_\_\_

2<sup>ND</sup> MTG. INTEREST RATE \_\_\_\_\_ % 2<sup>ND</sup> MTG. BALANCE \_\_\_\_\_ 2<sup>ND</sup> MTG. PAYMENT \_\_\_\_\_

**EMPLOYMENT INFORMATION**

EMPLOYMENT NAME \_\_\_\_\_ YRS ON JOB \_\_\_\_\_ YRS IN FIELD \_\_\_\_\_ YRS IN SCHOOL \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

SELF EMPLOYED? YES NO MONTHLY SALARY \_\_\_\_\_ POSITION \_\_\_\_\_

EMPLOYMENT NAME \_\_\_\_\_ YRS ON JOB \_\_\_\_\_ YRS IN FIELD \_\_\_\_\_ YRS IN SCHOOL \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

SELF EMPLOYED? YES NO MONTHLY SALARY \_\_\_\_\_ POSITION \_\_\_\_\_

ADDITIONAL VERIFIABLE INCOME? SALARY \_\_\_\_\_ POSITION \_\_\_\_\_

**CREDIT ANALYSIS**

ANY LATE MTG. PAYMENTS IN THE LAST 12 MONTHS? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES HOW MANY \_\_\_\_\_

ANY BANKRUPTCIES? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES WHAT TYPE 7 13 11 (CIRCLE ONE)

WAS IT: DISCHARGED DISMISSED (CIRCLE ONE) IF DISCHARGED, WHAT YEAR \_\_\_\_\_

**ASSETS/LIABILITIES**

TYPE OF LIFE INSURANCE: WL UL VL (CIRCLE ONE) TERM: 10 15 20 30 AMT. OF INSURANCE \_\_\_\_\_ MONTHLY PRICE \_\_\_\_\_

BANK NAME \_\_\_\_\_ BANK ACCT.#/BALANCE \_\_\_\_\_

AUTOMOBILE OWNED \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ VALUE \_\_\_\_\_

AUTOMOBILE OWNED \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ VALUE \_\_\_\_\_

PERSONAL PROPERTY (CIRCLE ONE) 10K 20K 30K 50K

SOURCE OF DOWN PAYMENT: (CIRCLE ONE) CHECKINGS, SAVINGS, IRA, MUTUAL FUND, CD, OTHER AMT\$ \_\_\_\_\_

SOURCE OF CLOSING COSTT: (CIRCLE ONE) CHECKINGS, SAVINGS, IRA, MUTUAL FUND, CD, OTHER AMT\$ \_\_\_\_\_

BALANCE OF RETIREMENT, IRA, 401K, DEFERRED COMP, 403B, THIFT, ETC... \_\_\_\_\_

BALANCE OF STOCKS, BONDS, AND FUNDS \_\_\_\_\_

**FINANCIAL ASSESSMENT INFORMATION SHEET SUPPLEMENT**

**PROPERTY INFORMATION**

PROPERTY ADDRESS \_\_\_\_\_

PROPERTY TYPE SFR 1 2 3 4 FLAT (CIRCLE ONE) CONDO TOWNHOUSE OTHER \_\_\_\_\_

EXTERIOR BRICK \_\_\_\_\_ FRAME \_\_\_\_\_ ALM \_\_\_\_\_ SUBDIVISION NAME (IF ANY) \_\_\_\_\_

GARAGE 1 2 3 4 ½ CAR (CIRCLE ONE) ATTACHED \_\_\_\_\_ DETACHED \_\_\_\_\_ CENTRAL AIR \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

BEDROOMS 1 2 3 4 5 6 BATHROOMS \_\_\_\_\_ YEAR BUILT \_\_\_\_\_ YR BOUGHT \_\_\_\_\_ \$ \_\_\_\_\_

BASEMENT YES NO (IF YES) FULL \_\_\_\_\_ HALF \_\_\_\_\_ FINISHED \_\_\_\_\_ # OF BATH/BR \_\_\_\_\_

TYPE/STYLE RANCH \_\_\_\_\_ 2 STORY \_\_\_\_\_ SPLITLEVEL \_\_\_\_\_ OTHER \_\_\_\_\_

ANY EXTRAS (CIRCLE ONE) LIVING ROOM DINING ROOM KITCHEN FAMILY ROOM DECK POOL FIRE PLACE

FAIR MARKET VALUE \_\_\_\_\_ YEAR LAST APPRAISED \_\_\_\_\_

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**MORTGAE INFORMATION**

TERM 30 20 15 10 (CIRCLE ONE) PROGRAM FIXED ADJ BALLOON OTHER \_\_\_\_\_

INTEREST RATE \_\_\_\_\_ % MORTGAGE BALANCES \$ \_\_\_\_\_ R.E. TAXES 1 YR \_\_\_\_\_

PAYMENTS \$ \_\_\_\_\_ DOES YOUR PAYMENT INCLUDE TAXES AND INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_

ORIGINAL PURCHASE PRICE \_\_\_\_\_ HOMEOWNERS INSURANCE PREMIUM ANNUALLY \_\_\_\_\_

CURRENT MORTGAGE COMPANY \_\_\_\_\_ 2<sup>ND</sup> MTG. CO. \_\_\_\_\_

2<sup>ND</sup> MTG. INTEREST RATE \_\_\_\_\_ % 2<sup>ND</sup> MTG. BALANCE \_\_\_\_\_ 2<sup>ND</sup> MTG. PAYMENT \_\_\_\_\_

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**PROPERTY INFORMATION**

PROPERTY ADDRESS \_\_\_\_\_

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BEDROOMS 1 2 3 4 5 6 BATHROOMS \_\_\_\_\_ YEAR BUILT \_\_\_\_\_ YR BOUGHT \_\_\_\_\_ \$ \_\_\_\_\_

BASEMENT YES NO (IF YES) FULL \_\_\_\_\_ HALF \_\_\_\_\_ FINISHED \_\_\_\_\_ # OF BATH/BR \_\_\_\_\_

TYPE/STYLE RANCH \_\_\_\_\_ 2 STORY \_\_\_\_\_ SPLITLEVEL \_\_\_\_\_ OTHER \_\_\_\_\_

ANY EXTRAS (CIRCLE ONE) LIVING ROOM DINING ROOM KITCHEN FAMILY ROOM DECK POOL FIRE PLACE

FAIR MARKET VALUE \_\_\_\_\_ YEAR LAST APPRAISED \_\_\_\_\_

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FINANCIAL ASSESSMENT INFORMATION SHEET SUPPLEMENT

**MORTGAE INFORMATION**

**TERM** 30 20 15 10 (CIRCLE ONE) **PROGRAM** FIXED ADJ BALLOON OTHER \_\_\_\_\_  
INTEREST RATE \_\_\_\_\_ % MORTGAGE BALANCE \$ \_\_\_\_\_ R.E. TAXES 1 YR \_\_\_\_\_  
PAYMENTS \$ \_\_\_\_\_ DOES YOUR PAYMENT INCLUDE TAXES AND INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_  
ORIGINAL PURCHASE PRICE \_\_\_\_\_ HOMEOWNERS INSURANCE PREMIUM ANNUALLY \_\_\_\_\_  
CURRENT MORTGAGE COMPANY \_\_\_\_\_ 2<sup>ND</sup> MTG. CO. \_\_\_\_\_  
2<sup>ND</sup> MTG. INTEREST RATE \_\_\_\_\_ % 2<sup>ND</sup> MTG. BALANCE \_\_\_\_\_ 2<sup>ND</sup> MTG. PAYMENT \_\_\_\_\_

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**PROPERTY INFORMATION**

PROPERTY ADDRESS \_\_\_\_\_  
PROPERTY TYPE SFR 1 2 3 4 FLAT (CIRCLE ONE) CONDO TOWNHOUSE OTHER \_\_\_\_\_  
EXTERIOR BRICK \_\_\_\_\_ FRAME \_\_\_\_\_ ALM \_\_\_\_\_ SUBDIVISION NAME (IF ANY) \_\_\_\_\_  
GARAGE 1 2 3 4 ½ CAR (CIRCLE ONE) ATTACHED \_\_\_\_\_ DETACHED \_\_\_\_\_ CENTRAL AIR \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
BEDROOMS 1 2 3 4 5 6 BATHROOMS \_\_\_\_\_ YEAR BUILT \_\_\_\_\_ YR BOUGHT \_\_\_\_\_ \$ \_\_\_\_\_  
BASEMENT YES NO (IF YES) FULL \_\_\_\_\_ HALF \_\_\_\_\_ FINISHED \_\_\_\_\_ # OF BATH/BR \_\_\_\_\_  
TYPE/STYLE RANCH \_\_\_\_\_ 2 STORY \_\_\_\_\_ SPLIT LEVEL \_\_\_\_\_ OTHER \_\_\_\_\_  
ANY EXTRAS (CIRCLE ONE) LIVING ROOM DINING ROOM KITCHEN FAMILY ROOM DECK POOL FIRE PLACE  
FAIR MARKET VALUE \_\_\_\_\_ YEAR LAST APPRAISED \_\_\_\_\_

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**MORTGAE INFORMATION**

**TERM** 30 20 15 10 (CIRCLE ONE) **PROGRAM** FIXED ADJ BALLOON OTHER \_\_\_\_\_  
INTEREST RATE \_\_\_\_\_ % MORTGAGE BALANCE \$ \_\_\_\_\_ R.E. TAXES 1 YR \_\_\_\_\_  
PAYMENTS \$ \_\_\_\_\_ DOES YOUR PAYMENT INCLUDE TAXES AND INSURANCE? YES \_\_\_\_\_ NO \_\_\_\_\_  
ORIGINAL PURCHASE PRICE \_\_\_\_\_ HOMEOWNERS INSURANCE PREMIUM ANNUALLY \_\_\_\_\_  
CURRENT MORTGAGE COMPANY \_\_\_\_\_ 2<sup>ND</sup> MTG. CO. \_\_\_\_\_  
2<sup>ND</sup> MTG. INTEREST RATE \_\_\_\_\_ % 2<sup>ND</sup> MTG. BALANCE \_\_\_\_\_ 2<sup>ND</sup> MTG. PAYMENT \_\_\_\_\_

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NAME OF COMPANY \_\_\_\_\_  
PHONE NO. \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_

**1. PROPOSED INSURED**

A. Full Name \_\_\_\_\_ B. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
C. Age Nearest Birthday \_\_\_\_\_ D. Birthplace \_\_\_\_\_  
E. Sex \_\_Male \_\_Female F. Height \_\_\_\_\_ Weight \_\_\_\_\_  
G. Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
H. Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ I. Social Security Number \_\_\_\_\_  
J. Employers Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Duties \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_ Annual Earned Income \$ \_\_\_\_\_  
How Long in Field or at Job \_\_\_\_\_  
K. Children under 18? \_\_Yes \_\_No If yes, how many? \_\_\_\_

**2. PLAN OF INSURANCE**

A. Plan of Insurance \_\_\_\_\_ B. Amount of Insurance (Specified Amount, if UL)  
C. Additional Riders \$ \_\_\_\_\_  
\_\_ Waiver of Premium Benefit \_\_\_\_\_  
D. Has the proposed insured ever used any form of tobacco or nicotine-based products \_\_Yes \_\_No  
If "Yes", when did the proposed insured last use of tobacco or nicotine-based products \_\_\_\_/\_\_\_\_ (MM/YY)  
Type \_\_\_\_\_ Quantity \_\_\_\_\_  
E. Rate of class applied for:  
\_\_Preferred Non-Tobacco \_\_Preferred Tobacco \_\_Other \_\_\_\_\_  
\_\_Standard Non-Tobacco \_\_Standard Tobacco

**3. PREMIUM**

A. Send Notices to: \_\_Proposed Insured \_\_Owner \_\_Other \_\_\_\_\_  
B. Mode: \_\_Annual \_\_Semiannual \_\_Quarterly \_\_PAC \_\_Other \_\_\_\_\_  
Amount submitted with application in exchange for the Conditional Receipt \$ \_\_\_\_\_  
If the amount of insurance applied for exceeds \$500,000, no money should be collected or submitted with this application.

**4. MEDICAL**

Doctor Name \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Last Doctor Visit \_\_\_\_/\_\_\_\_ (MM/YYYY)  
Health Challenges \_\_\_\_\_  
Medication/Purpose \_\_\_\_\_

**5. BENEFICIARY**

1<sup>st</sup> Beneficiary \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship)  
2<sup>nd</sup> Beneficiary \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship)

## MONTHLY BUDGET

GROSS INCOME PER MONTH \_\_\_\_\_ 6. Clothing \_\_\_\_\_

Commissions/Salary \_\_\_\_\_  
 Interest \_\_\_\_\_  
 Dividends \_\_\_\_\_  
 Other \_\_\_\_\_

7. Medical Expenses \_\_\_\_\_  
 Doctor \_\_\_\_\_  
 Dentist \_\_\_\_\_  
 Drugs \_\_\_\_\_  
 Other \_\_\_\_\_

**LESS:**  
 1. Tax (Est., Fed., State., FICA)\* \_\_\_\_\_  
 2. Other (401k, union dues, etc.)\* \_\_\_\_\_  
 3. Savings/Investments\* \_\_\_\_\_

8. Miscellaneous \_\_\_\_\_  
 Toiletry, cosmetics \_\_\_\_\_  
 Beauty, barber \_\_\_\_\_  
 Laundry/cleaning \_\_\_\_\_  
 Allowances, lunches \_\_\_\_\_  
 Subscriptions \_\_\_\_\_  
 Gifts (incl. holiday) \_\_\_\_\_  
 Other \_\_\_\_\_

**NET SPENDABLE INCOME** \_\_\_\_\_

1. Housing \_\_\_\_\_  
 Mortgage/rent\* \_\_\_\_\_  
 Property Ins.\* \_\_\_\_\_  
 Property Taxes\* \_\_\_\_\_  
 Electricity \_\_\_\_\_  
 Gas \_\_\_\_\_  
 Water \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Maintenance \_\_\_\_\_  
 Other \_\_\_\_\_

9. School/Child Care \_\_\_\_\_  
 Tuition\* \_\_\_\_\_  
 Transportation \_\_\_\_\_  
 Day Care\* \_\_\_\_\_  
 Lessons/sports \_\_\_\_\_  
 Materials/Supplies \_\_\_\_\_

2. Groceries \_\_\_\_\_  
 3. Automobile(s) \_\_\_\_\_  
 Payments\* \_\_\_\_\_  
 Gas & Oil \_\_\_\_\_  
 Insurance\* \_\_\_\_\_  
 License/Taxes\* \_\_\_\_\_  
 Maint./repair \_\_\_\_\_

10. Contributions \_\_\_\_\_  
 Religious \_\_\_\_\_  
 Other \_\_\_\_\_  
 Charitable \_\_\_\_\_

4. Insurance \_\_\_\_\_  
 Life \_\_\_\_\_  
 Health \_\_\_\_\_  
 Other \_\_\_\_\_

11. Debts \_\_\_\_\_  
 Credit Card \_\_\_\_\_  
 Loans\* \_\_\_\_\_

5. Entertainment/Recreation \_\_\_\_\_  
 Eating Out \_\_\_\_\_  
 Baby-sitters \_\_\_\_\_  
 Activities/Trips \_\_\_\_\_  
 Vacation \_\_\_\_\_  
 Other \_\_\_\_\_

**TOTAL EXPENSES** \_\_\_\_\_

**INCOME VS. EXPENSES**  
 Net Spendable Income \_\_\_\_\_  
 Less Expenses \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

\* Fixed Expense



# Cashflow Strategist Input Form

Econ

Name: \_\_\_\_\_ Date \_\_\_\_\_

## I. Top 5 Financial Goals (Rank Your Top Goals 1 – 5)

- Increase My Income
- Reduce My Taxes
- Buy a New Home
- Make a Major Purchase (car, furniture, boat, etc.)
- Pay Off All Debts
- Pay Off All Debts Excluding My Mortgage
- Save for College Education
- Build Retirement Asset (Retirement Freedom Goal)
- Other (Specify e.g. Emergency Fund) \_\_\_\_\_

## II. Retirement Freedom Goal

1. What's the least amount of monthly income you desire at retirement? \_\_\_\_\_
2. What year is the latest do you plan to retire? \_\_\_\_\_
3. How much of your monthly retirement income do you expect to Receive from Social Security and company paid pension plans? (Not what you will receive from 401K, 403B, IRA's, CD's, etc.) \_\_\_\_\_
4. What is the approximate value of your investment portfolio now? (Mutual Fund, 401K, IRA, etc., exclude company paid pension and Social security)? \_\_\_\_\_
5. How much money do you currently invest in long-term savings? \_\_\_\_\_
6. How much additional monthly can you invest into long-term savings? \_\_\_\_\_
7. How much money do you have set aside for emergencies? (Need at Least 6 months living expenses)? \_\_\_\_\_
8. Do you feel you currently have a plan to accomplish your retirement Goal in your desired timeframe?  Yes  No









Cashflow Strategist Input Form Part B

**STEP 1 – BUSINESS INCOME**

Assumed Cashflow created by business income projection:  (e.g. \$100.00)

We use \$100.00 monthly in this calculation. This number is not intended to show actual income projection of any individual. This number is used for illustration purposes only to show how business income can increase cash flow and significantly affect your overall finances when our strategy is applied.

**STEP 2 – TAXES & WITHHOLDING (W-4 ADJUSTMENT)**

Cashflow from tax savings and withholding allowances:  (e.g. \$250.00)

**STEP 3 – MINIMIZE EXPENSES WITH SMART CONSUMER PURCHASING**

	Current Payment	New Payment	New Cash Flow
Available cash now not committed to anything/Money left over			
Recurring Monthly Expenses			

Total Projected Cash Flow Increase

**STEP 4 – DEBT ELIMINATION**

You now have a total of \_\_\_\_\_ available for Debt Reduction that was created in Steps 1, 2 and 3.

How do you wish to use this money?

Personal Use \$   
Emergency Fund \$   
\*Investments (401k, IRA, etc.) \$   
Total Applied to Debt Reduction \$

**Financial Assessments**

**Additional Comments:**

COMPLETED BY MANAGEMENT

## FOLLOW-UP INTERVIEW

Day: \_\_\_\_\_

Time: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Please bring Call to Action Folder, all items on checklist to orientation

Name: \_\_\_\_\_

The Freedom Center

Location: \_\_\_\_\_

Phone: \_\_\_\_\_

[www.ftamg.com](http://www.ftamg.com)

[www.freedomteamapexmarketinggroup.com](http://www.freedomteamapexmarketinggroup.com)



## FREEDOM BRICK THEORY - 7 PERSONAL CASHFLOW PLAN (PCP) ACTION PLAN

Below is the *Action Plan* for \_\_\_\_\_ (associate name).  
Follow this *Action Plan*, and you'll see yourself winning and accomplishing your financial goals.

**Master the basics in 7 days and build your financial future in 30 days.**

Freedom Center/Location \_\_\_\_\_ Freedom Trainer \_\_\_\_\_ Phone# \_\_\_\_\_ Email \_\_\_\_\_

**“Use our membership discount to put more money in your pocket to reduce debt, save and invest.”**  
~ The Freedom Coach

PCP Step	Action Item	Date of Completion	Method of Completion *	Freedom Trainer Signature
Step 1- Income Shifting Membership  (ex. Day 1 Tuesday)	W4 Adjustment			
	Tax Savings/Budget Review			
	Mad Money & Investment Review			
	Begin Debt Elimination			
	Begin Smart Credit System			
Step 2 (ex. Day 2 Thursday)	Review Income Protection/Life Insurance Coverage Quote			
Step 3 (ex. Day 2 Thursday)	Set up Beginner's Emergency Fund			
Step 4a & 4b (ex. Day 3 Saturday)	Begin/Review Retirement Investment Account			
	Begin/Review Estate Planning			
Step 5  (ex. Day 4 Sunday)	Learn Debt-to-Income Ratio			
	Enroll in Credit Monitoring & Review Credit Process			
	Attend Home Buyer Workshop			
	Get Pre-Qualified & Pre-Approved for home/real estate property			
Step 6 (ex. Day 4 Sunday)	Debt Consolidation/Debt Elimination			
	Refinance/Eliminate Consumer Debt			
Step 7 (ex. Day 7 Tuesday)	Begin Investment Portfolio (Individual ownership, real estate investment club, financial investment club, business investment club)			

\* Method of Completion: IP = In person; P = Phone; W = Webinar

Credibility Index (CI)

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

## Top Eight List

**CI: S.T.E.A.M. (Smart, Talented, Excited, Ambitious, Money)**

Married: \_\_\_ Child: \_\_\_ Home: \_\_\_ Wk: \_\_\_ CI: \_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Married: \_\_\_ Child: \_\_\_ Home: \_\_\_ Wk: \_\_\_ CI: \_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Married: \_\_\_ Child: \_\_\_ Home: \_\_\_ Wk: \_\_\_ CI: \_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Married: \_\_\_ Child: \_\_\_ Home: \_\_\_ Wk: \_\_\_ CI: \_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Married: \_\_\_ Child: \_\_\_ Home: \_\_\_ Wk: \_\_\_ CI: \_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Married: \_\_\_ Child: \_\_\_ Home: \_\_\_ Wk: \_\_\_ CI: \_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_