

FINANCIAL QUESTIONNAIRE

Applicant Name: _____

INCOME Amount
Social Security _____/mo.

Pension _____/mo.
(Company Name _____)

VA Pension _____/mo.
(Claim #: _____)

Dividends and Interest _____/mo.
Other _____/mo.
(Monthly Income E.G. Rental, Land Contract)

ASSETS

Balance of Checking Account: _____

Name and Address of Bank:

Name and Address of Bank:

Balance of Savings Account: _____

Name and Address of Bank:

Balance of Certificates of Deposit & Other Securities:

Balance of Savings Bonds: _____

Balance of Stocks & Bonds: _____

Company and Amount:

Have any assets been transferred/sold/ or disposed of
Within 5 years? _____ Yes _____ No

REAL ESTATE
(Ownership: _____)
Does the applicant own real estate? _____ Yes _____ No
If yes, location:

What is the approximate value of the property?
\$ _____

Are there any liens or judgments against the property?
_____ Yes _____ No

Does the applicant own rental property?
_____ Yes _____ No

If yes, name and address of property:

LIFE INSURANCE

Company: _____

Policy #: _____

Face Value: _____

Cash Surrender Value: _____

Beneficiary: _____

Other funds set aside for burial: _____ YES _____ NO

Specify: _____

Prepaid burial? _____ Yes _____ No

If yes, specify the amount and Funeral Home:

Does any party (other than applicant) have access and
control of the aforementioned income assets?

_____ Yes _____ No

If yes, please specify name and address:

I, the undersigned, hereby acknowledge that the information
as provided herein is correct. Failure to disclose accurate
Financial information may be grounds for legal action in
accordance with prevailing Federal, State, and Local
Statutes and regulations.

Signature of Applicant/ Responsible Party Date