## **NEEDS ANALYSIS**

Nortgage Balance:\$ Term:10,15,20,30		Mortgage Payment:\$	
Name:(male / female)	DOB:	Name:(male / female)	DOB:
Current Life Insurance Coverage: Carrier, Face Amt, Issue Yr Living Benefits? Previous Apps or declines?		Current Life Insurance Coverage: Carrier, Face Amt, Issue Yr Living Benefits? Previous Apps or declines?	
What do you have to help pay the mortgage in a Financial Emergency? (Savings, old 401k)		What do you have to help pay the mortgage in a Financial Emergency? (Savings, old 401k)	
Medical History Tobacco:	Yes / No	Medical History Tobacco: Yes	/ No Type:
Height:	Weight:	Height:	Weight:
Prescriptions	Condition / Year	Prescriptions	Condition / Year
HA/Stroke/Stent/CHF/Cancer COPD/Inhaler/Diab/PainRx/Anxiety/Depression		HA/Stroke/Stent/CHF/Cancer COPD/Inhaler/Diab/PainRx/Anxiety/Depression	
Driving Record last 10 years	: (tickets, DUI, suspension)	Driving Record last 10 years: (tic	kets, DUI, suspension)
Monthly Net Income / Sour	rces / Job Description / Disability	Monthly Net Income / Sources /	Job Description / Disability
	Total Monthly Income \$		

Income w/out spouse: \_\_\_\_\_\_

Income w/out spouse: \_\_\_\_\_\_