

# Client intake for Form 433-F

Please answer what you can. Anything your bank statements, pay stubs, or tax transcripts already show can be left blank, and we'll take it from those documents.

## About you

Full name, and spouse's full name if married:

---

Marital status: Unmarried / Married / Separated

---

Do you file jointly with your spouse? Yes / No

---

Mailing address, including county:

---

Home, work, and cell phone:

---

Dates of birth (you and your spouse):

---

Everyone in your household, with their ages:

---

## Work

Employer name and the address where you work:

---

Your occupation:

---

When did you start with this employer?

---

Spouse's employer, work address, and occupation:

---

Any recent change: new job, job loss, reduced hours, or unemployment? Describe:

---

If self-employed: business name, EIN, address, number of employees, average monthly payroll:

---

## Legal

Are you party to a lawsuit? Yes / No. Details:

---

Have you filed for bankruptcy? Yes / No. Details:

Have you lived outside the US for 6 months or more? Yes / No

## What you own

Cash on hand:

Bank accounts (type, bank, last 4 digits, current balance, as of date):

Investments and retirement accounts (type, current value, any loan against it):

Digital assets (type, current value):

Life insurance with cash value (company, cash value, any loan):

Real estate (address, date bought, price paid, current value, mortgage balance and monthly payment, lender):

Vehicles (year, make, model, current value, amount owed, monthly payment, lender):

Boats, campers, collections, or other valuable items (description, value):

Have you transferred any asset for less than its value in recent years? Yes / No. Details:

## Credit cards

For each card: issuer, credit limit, amount owed, monthly payment:

## Income not on a pay stub

Pension or retirement income (monthly):

Social Security (monthly):

Child support received (monthly):

Alimony received (monthly):

Interest and dividends (monthly):

---

Rental income (monthly):

---

Other income, with its source (for example, unemployment):

---

## Monthly expenses

Rent:

---

Utilities: heating oil, gas, electricity, water/sewer/garbage, cell phone, home phone, cable, internet:

---

Vehicle: loan or lease payment, insurance, fuel, maintenance, registration and tolls:

---

Health: health, dental, and disability insurance premiums; medical costs not covered; prescriptions not covered:

---

Life insurance premiums:

---

Homeowner's or renter's insurance:

---

Child or dependent care:

---

Court-ordered payments: child support paid, alimony paid, garnishments, judgments:

---

Other expenses (describe):

---