

## **CHECKLIST OF NEEDED DOCUMENTS**

*(Please provide copies only)*

- COMPANY-PROVIDED GROUP BENEFITS FOR YOU AND YOUR SPOUSE. (IF A PRINT-OUT OF SPECIFIC COVERAGES AND BENEFITS IS AVAILABLE, PLEASE INCLUDE)**
- A MONTHLY CASH FLOW OF YOUR EXPENSES (Please see attachment)**
- TAX RETURNS FOR THE PAST 2 YEARS\***
- PAST 2 YEAR'S W-2**
- ONE MONTH'S PAY STUBS**
- WILLS AND TRUST DOCUMENTS\***
- RECENT SOCIAL SECURITY STATEMENT**
- RECENT MORTGAGE STATEMENT**
- ALL INSURANCE POLICIES**
  - **LIFE**
  - **DISABILITY INCOME**
  - **LONG-TERM CARE**
  - **PROPERTY & CASUALTY**
- MUTUAL FUND/BROKERAGE AND RETIREMENT ACCOUNT STATEMENTS (PREFERABLY THE MOST RECENT QUARTER)**
- BANK STATEMENTS-LISTING ACCOUNTS**
- ANY PENSION BENEFIT STATEMENTS**

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# MONTHLY EXPENSE WORKSHEET

	Current	
	Needs	Wants
<b>Housing and Related Expenses</b>		
Rent / mortgage		
Condo / association fees		
Heat / AC / electric		
Phone (home and cell)		
Water / sewer / garbage		
Property taxes		
Homeowners insurance		
Property care (lawn, etc.)		
Home maintenance (repairs, etc.)		
Cable TV / internet		
<b>Housing Totals</b>		
<b>Transportation Expenses</b>		
Car payments / lease		
License / registration / maintenance		
Gasoline		
Auto insurance		
Parking / bus / train / air / taxi, etc.		
<b>Transportation Totals</b>		
<b>Personal Expenses</b>		
Groceries / dining out / take-out		
Personal care (e.g., hairdresser)		
Clothing / shoes		
Exercise / hobbies / clubs		
Vacation / leisure / entertainment		
Education (you / spouse / children)		
Debts (other than car / mortgage)		
Charitable donations		
Gifts to children / grandchildren		
Gifts to others		
Federal income tax		
State income tax		
<b>Personal Totals</b>		
<b>Medical Expenses / Insurance Premiums</b>		
Out-of-pocket medical		
Out-of-pocket prescriptions		
Out-of-pocket eye care/glasses		
In-home care services		
Health Insurance Premiums (Medicaid/Medicare)		
Long-Term Care Insurance Premiums		
Life Insurance Premiums		
Disability Income Insurance Premiums		
<b>Medical / Insurance Totals</b>		