



<b>DEPENDENTS</b>		
Name	Relationship	Age

<b>INCOME</b>		
	Individual 1	Individual 2
Annual salary		
Other sources of regular income		

<b>HOUSEHOLD NET WORTH</b>	
Total non-retirement savings (Checking, Savings, CDs, Investments)	\$
Total savings in IRAs (Traditional, Roth)	\$
Total savings in employer plans (401(k), 403(b), Deferred comp)	\$
Primary residence	\$
Other real estate	\$
Other assets (Personal property, Annuities, Cash value life Ins)	\$
<b>Total Assets</b>	<b>\$</b>
Minus Liabilities (Mortgages, Car payments, Student loans)	(\$ )
<b>Total Net Worth</b>	<b>\$</b>

<b>HOW DID YOU FIND US?</b>			
<input type="checkbox"/> Internet	<input type="checkbox"/> NAPFA	<input type="checkbox"/> Referral	<input type="checkbox"/> Other _____