



Debt Elimination Program Financial Analysis

Debt Elimination Consultant _____

Client Name _____ **DOB** ____/____/____

Spouse Name _____ **DOB** ____/____/____

Goals: Check all that apply

Zero debt In how many years? _____

Tax Free Retirement Living Benefits Terminal Chronic Critical

Income Replacement Inheritance Strategy

Protect Assets Paying Less Interest to Banks

Current Debt

Statements are needed for every debt to confirm principal balance, interest rate, promotional rate, minimum payment, and actual payments.

Mortgage – List all properties owned.

Primary Residence

Balance _____ Interest Rate _____

Principal and Interest Payment (Not including taxes and insurance) _____

Monthly Overpayment to Principal _____

Years Left _____ Will you be selling earlier? Yes No

Additional Property

Balance _____ Interest Rate _____

Principal and Interest Payment (Not including taxes and insurance) _____

Monthly Overpayment to Principal _____

Years Left _____ Will you be selling earlier? Yes No

Total Monthly Overpayments Being Redirected _____

Consumer Debt

List all credit cards, personal loans, auto loans, home improvement loans and student loans.

Debt Name	Principal Balance	Interest Rate	Min. Payment	Actual Payment	Consistent
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	\$ _____	_____ %	\$ _____	\$ _____	<input type="checkbox"/> Y <input type="checkbox"/> N

Total Overpayments Redirected _____

Assets and Investments

List all accounts that could help accelerate debt payoff and wealth building. (Roth IRA, Traditional IRA, 401k, 457, 403b, Savings)

Name	Type	Account Value	Monthly Contribution
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Additional Assets _____

Lump Sum Amount Redirected _____

Monthly Amount Redirected _____

Income

List all current and future income sources.

Name	Type	Monthly Amount	Lump Sum Amount
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Income Changes Expected _____

Income Amount Redirected _____

Insurance

List all insurance policies.

Company	Type	Rating	Monthly Premium	Death Benefit	Cash Value
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____	\$ _____

Total Inefficient Funds to be Redirected

Monthly Debt Overpayments _____

Asset Lump Sum _____

Monthly Asset Contributions _____

Monthly Income _____

Monthly Debt Overpayments _____

Monthly Insurance Premiums _____

Lump Sum Cash Value _____

Other Lump Sum _____

Other Monthly _____

Total Lump Sum _____

Total Monthly _____