



CLIENT FINANCIAL REPORT

NAME _____

PERSONAL EXPENSES

CATEGORY	AMOUNT
MEDICAL: OVER 7.5% OF INCOME	
PROPERTY TAXES	
VEHICLE REGISTRATIONS	
UNION DUES	
UNIFORMS	
TOOLS/JOB SUPPLIES	
CELL PHONE REQ FOR WORK	
DONATIONS (CASH)	
SAFETY DEPOSIT BOX RENTAL	
OTHER: _____	
SCHOOL EXPENSES FOR COLLEGE	
BOOKS	
SUPPLIES	
ELECTRONICS: COMPUTERS/PRINTERS	
CELL PHONE/TELEPHONE	

RENTAL PROPERTY

1ST PROPERTY	AMOUNT
RENTAL INCOME	
MORTGAGE INTEREST	
PROPERTY TAXES	
REPAIRS/MAINTENANCE	
LANDSCAPING	
UTILITIES	
HOA DUES	
2ND PROPERTY	AMOUNT
RENTAL INCOME	
MORTGAGE INTEREST	
PROPERTY TAXES	
REPAIRS/MAINTENANCE	
LANDSCAPING	
UTILITIES	
HOA DUES	

NOTES

BY SIGNING BELOW, CLIENT AGREES THAT THE ABOVE FIGURES ARE ACCURATE.

SIGNATURE _____