

# Personal Financial Questionnaire Form

## Personal Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Income Details

Primary Source of Income: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

Additional Income Sources: \_\_\_\_\_

## Expenses and Liabilities

Monthly Rent/Mortgage Payment: \_\_\_\_\_

Utility Bills (Electricity, Water, etc.): \_\_\_\_\_

Outstanding Loans or Credit Card Debt: \_\_\_\_\_

## Savings and Investments

Do you have a savings account?  Yes  No

If yes, approximate balance: \_\_\_\_\_

Do you invest in stocks, mutual funds, or bonds?  Yes  No

## Financial Goals

What are your short-term financial goals? \_\_\_\_\_

What are your long-term financial aspirations? \_\_\_\_\_

## Additional Notes

Please share any additional details relevant to your financial planning:

\_\_\_\_\_