

Client Intake Form

1. Personal Information

Full Name:	Full Name:
Date of Birth:	Date of Birth:
Address:	Address:
Email:	Email:
Phone:	Phone:
Preferred Communication Person/Method:	

2. Financial Snapshot

Client 1: Employment Status & Occupation:	Client 2: Employment Status & Occupation:
Monthly Income (all sources):	
Monthly Expenses (all sources):	
All Current Debts (lender, type, amount):	<div>1.</div> <div>2.</div> <div>3.</div> <div>4.</div> <div>5.</div>
All Current Savings and Investments (type and amount):	<div>1.</div> <div>2.</div> <div>3.</div> <div>4.</div> <div>5.</div>

3. Financial Goals

Short-Term Goals (6-12 months)	1. 2. 3.
Long-Term Goals (1+ years)	1. 2. 3.
Longer-Term Goals (5+ years)	1. 2. 3.
Biggest financial challenges right now:	1. 2. 3.
Biggest financial strengths right now:	1. 2. 3.

4. Services Interest

What services are you interested in? (Budgeting, debt management, credit repair, etc.)
How did you hear about Walters Financial Wellness?

5. Consent & Agreement

By sharing this document with your financial counselor, you are agreeing to share your financial data with Walters Financial Wellness and consent to our privacy agreement.

6. Contact Us

Walters Financial Wellness, LLC

Website: www.waltersfinancialwellness.com

Email: contact@waltersfinancialwellness.com