




CONSUMER DATA SHEET

General Information			
First Name:		Last Name:	
Spouse First Name:		Spouse Last Name:	
Street:	City:	State:	Zip:
Email:	Home Phone #:	Other Phone #:	

Details		
Monthly Gross Income: \$	Years to Retirement Based on Age 65: (example-if you are 30 years old you have 15 years to retirement)	
Current Retirement Savings: \$	Monthly Contribution: \$	Avg. Rate of Return: %
Life Insurance Face Amount: \$	Cash Value: \$	Monthly Premium: \$

Spouse Details		
Monthly Gross Income: \$	Years to Retirement Based on Age 65: (example-if you are 30 years old you have 15 years to retirement)	
Current Retirement Savings: \$	Monthly Contribution: \$	Avg. Rate of Return: %
Life Insurance Face Amount: \$	Cash Value: \$	Monthly Premium: \$

Monthly Mortgage Information					
1st Mortgage (Company name)	Balance	ARP	Variable / Fixed	P&I Payment	# of Payments Left
	\$	%		\$	
Monthly Escrow (Taxes & Insurance)					
2nd Mortgage (Company name)	Balance	ARP	Variable / Fixed	P&I Payment	# of Payments left
	\$	%		\$	

First Name:	Last Name:
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Credit Card Debt Information (current statement)				
Card/Company Name	Balance	APR	Minimum Payment Required	Actual Payment Made
	\$	%	\$	\$
	\$	%	\$	\$
	\$	%	\$	\$
	\$	%	\$	\$
	\$	%	\$	\$
	\$	%	\$	\$
	\$	%	\$	\$
	\$	%	\$	\$

Installment / Other Debt Information				
Card/Company Name	Balance	APR	Actual Payment	# Payment Remaining
	\$	%	\$	\$
	\$	%	\$	\$
	\$	%	\$	\$
	\$	%	\$	\$
	\$	%	\$	\$

The information listed within this document is for World Christian Outreach Center, Inc (WCOC) only. The information contained within is personal and confidential and will only be used by WCOC and their representatives to produce a payoff order which produces a guide to paying off the debts listed . In addition to the payoff order WCOC and their representatives may contact me to make any suggestions that may produce increased financial stability.

Signature: _____ Spouse Signature: _____

DATE: _____ DATE: _____

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