QUALIFIED INCOME TRUST CLIENT INFORMATION PACKET

Your appointment with this office is on: ______________________________ at 4931 Homberg Drive, Knoxville, Tennessee 37919. Directions are enclosed or on our website.

These questions pertain to the person ("you") for whom we are planning.
We ask a lot of questions on this form because we need a lot of information about you for our planning for you. Do your best, but don't worry if some of the information you need to complete this form is not available to you.

Please call us at (865) 588-3700 if you have any questions or concerns about completing this form.

Date:________________________________ Referred by: ________________________

How did you find our phone number? ☐ Yellow Pages ☐ Friend ☐ Relative ☐ Seminar
☐ Advertisement in _________________ ☐ Other: ____________________

1. Personal Information related to the person for whom we are planning: (usually an older adult or in the case of a conservatorship, the disabled person). *If you are an adult child, and we are meeting to discuss your parents, write your parent's info on this page. Your info should be written on the next page. If you believe that someone you love needs a conservatorship, then fill in his/her information under "Client."*

Client's name: ______________________________

Address: ______________________________

____

Phone: ______________________________

Email: ______________________________

County: ______________________________

Date of birth: ______________________________

Place of birth: ______________________________

SSN: ______________________________

U.S. Citizen? ☐ Yes ☐ No
Veteran? ☐ Yes ☐ No

Client's Spouse: ______________________________

Date of birth: ______________________________

Place of birth: ______________________________

Date of death: ______________________________

Place of death: ______________________________

SSN: ______________________________

U.S. Citizen? ☐ Yes ☐ No
Veteran? ☐ Yes ☐ No

Marriage Information:
Date and place of marriage: ____

(If your last marriage ended by divorce:)
Date and place of divorce: ______________________________

If not you, who is your "Contact Person" (the person we should contact for appointments, for more information about you, etc.)? ______________________________

2. The "Client's" Children's Names and Contact information:

Please include any children who are deceased and their children also.

If additional space is needed please add extra pages:

Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
Date of Birth:		Date of Birth:	
Date of Death:		Date of Death	
Spouse:		Spouse:	
Children and date of birth:		Children and date of birth:	

Name:		Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
Date of Birth:		Date of Birth:	
Date of Death:		Date of Death	
Spouse:		Spouse:	
Children and date of birth:		Children and date of birth:	

Do you have any dependents (that is, someone who depends on you, in whole or in part, for their support)?
☐ Yes ☐ No

If yes, who?______________________________

Are any of your children receiving Supplement Security Income, Social Security Disability; or, if not, do any of them have major disabilities? ☐ Yes ☐ No

If yes, who?______________________________

3. Resources:

Monthly Income

(Do not list interest or dividend income)

Source	Amount
Social Security:	
Pension:	
Other:	
Other:	
Other:	
Total:	

Personal Residence

Address of property:______________________________

Names as they appear on deed: ______________________________

Date Acquired: ____________________ Purchase Price: ____________

Current Value: ____________________ Tax-Appraised Value: ____________

Mortgage Company: ______________________________

Mortgage Balance: ______________________________

Other Real Estate

Address of property:______________________________

Names as they appear on deed: ______________________________

Date Acquired: ____________________ Purchase Price: ____________

Current Value: ____________________ Tax-Appraised Value: ____________

Mortgage Company: ______________________________

Mortgage Balance: ______________________________

Anticipated maintenance needs to homestead (examples: roof, windows, painting, foundation repair, driveway, etc.)

Item	Cost
TOTAL:	

SETTLEMENTS: Department of Energy or Department of Labor

Type of Settlement: ____________________

Value: ____________________ How is it titled? ____________________

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Value: ____________________ How is it titled? ____________________

OTHER ASSETS:

These are your bank accounts, CDs, annuities, stocks, retirement plans, and the like.

Type of Asset: ____________________

Name of Company: ____________________

Value: ____________________

How is it titled? ____________________

Type of Asset: ____________________

Name of Company: ____________________

Value: ____________________

How is it titled? ____________________

Type of Asset: ____________________

Name of Company: ____________________

Value: ____________________

How is it titled? ____________________

Type of Asset: ____________________

Name of Company: ____________________

Value: ____________________

How is it titled? ____________________

Total Value of Assets on this Page: ____________________

LIFE INSURANCE:

Company Name: ____________________

Owner: ____________________

Insured: ____________________

Beneficiary: ____________________

Death Benefit (face value): ____________________

Cash surrender value: ____________________

Loan against policy (if any): ____________________

Company Name: ______________________

Owner: ______________________

Insured: ______________________

Beneficiary: ______________________

Death Benefit (face value): ______________________

Cash surrender value: ______________________

Loan against policy (if any): ______________________

Do you have a safe deposit box? ☐ Yes ☐ No

If yes, list name of bank, branch and box number: ______________________

LARGE ITEMS OF PERSONAL PROPERTY OWNED (I.e. cars, boats, RVs, farm equipment, etc.):

Personal Property Item	Value

OTHER INSURANCE:

Please complete the following health insurance information as it applies:

Medicare

Traditional Medicare Fee-for-Service? ☐ Yes ☐ No

OR

Medicare HMO, PSO, PPO, Private Plan? ☐ Yes ☐ No Company: ______________________

Medicare Supplement ("Medigap")

Company: ______________________

Type (Plan A through J): ______________________

Medicare Prescription Drug Plan

Company: ______________________

Employer Retiree Health Plan

Company: ______________________

Private Health Insurance

Company: ______________________

Long Term Care Insurance

Company: ______________________

Daily Benefit Amount: ______________________ Length of Coverage: ______________________

4. Money You Owe:

Creditor's Name	Amount Owed
Total	

5. Monthly Expenses:

Item	Amount
Property tax	
Home maintenance and upkeep	
Homeowners insurance	
Utilities (gas, electric, water & sewer, security)	
Residential facility	
Private health care services	
Telephone	
Cable television	
Auto operation (gas and maintenance)	
Auto insurance	
Clothing	
Groceries and other household	
Haircuts, personal grooming	
Laundry and cleaning	
Checking account charges/bank fees	
Newspapers and magazines	
Recreation, vacation, entertainment	
Health insurance (such as Medicare supplement)	
Unreimbursed medical expense (such as for drugs)	
Life insurance	
Charitable contributions	
Other:	
Other:	
Total Monthly Expenses:	

6. Public Benefits & Community Services:

In addition to Social Security and Medicare, are you receiving any other forms of assistance, whether from the government, charitable organizations or churches, or volunteer organizations? Examples include: Veterans benefits, Section 8 housing and other subsidized housing, Medicaid, TennCare, CHAMPUS, TRICARE for Life, Meals-on-Wheels, subsidized regional transportation services, adult day care, support group services, property tax relief, home weatherization, and drug company discount card programs.

☐ Yes ☐ No

If yes, please list them below:

Provider	Form of assistance

7. Gifts & Transfers

Have you made any gifts or transfers, greater than $500.00, to any individuals or to a trust within the last 60 months?

☐ Yes ☐ No

If yes, please furnish the indicated information for each gift or transfer:

To whom: ____________ To whom: ____________
Date of gift: ____________ Date of gift: ____________
Item: ____________ Item: ____________
Value: ____________ Value: ____________

To whom: ____________ To whom: ____________
Date of gift: ____________ Date of gift: ____________
Item: ____________ Item: ____________
Value: ____________ Value: ____________

NOTES: