

# Cash Flow Analysis Form

Your personal data is kept confidential



Step 1: Complete and verify the following information to receive a complete analysis of your current financial standing

Step 2: Please return completed form to Allgen before your next appointment

Step 3: Please fax to 407.574.4584, mail to 797 N. Orange Ave., Orlando, FL 32801, or email to [advisor@allgenfinancial.com](mailto:advisor@allgenfinancial.com)

## 1 Basic Personal Information (please print)

Name	Phone	Email Address
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## 2 Cash Flow Information: (Income)

How important is cash flow to you right now?

Very Important    Somewhat Important    Important    Pretty Important    Critical

If necessary, how do you feel your cash flow can be improved?

Monthly

Your Salary	\$ _____
Partners Salary	\$ _____
Self Employment	\$ _____
Self Employment (partner)	\$ _____
Interest & Dividends	\$ _____
Pensions & Alimony	\$ _____
Social Security	\$ _____
Rental Property (Net)	\$ _____
Other	\$ _____
<b>Total Monthly Income:</b>	\$ _____

## 3 Cash Flow Information: (Expenses)

	Monthly	Percent of Income (for internal use only)
<b>Housing</b>		
1st Mortgage / Rent	\$ _____	_____ %
2nd Mortgage	\$ _____	_____ %
Utilities	\$ _____	_____ %
Homeowners Insurance	\$ _____	_____ %
Taxes	\$ _____	_____ %
Homeowners Association	\$ _____	_____ %
Lawn Maintenance	\$ _____	_____ %
Cable	\$ _____	_____ %
Pest Control	\$ _____	_____ %
Other	\$ _____	_____ %
<b>Total Housing Expenses:</b>	\$ _____	_____ %

	Monthly	Percent of Income (Allgen use only)			
<b>Transportation</b>					
Loan/Lease (Vehicle 1)	\$ _____	_____ %			
Loan/Lease (Vehicle 2)	\$ _____	_____ %			
Loan/Lease (Vehicle 3)	\$ _____	_____ %			
Loan/Lease (Vehicle 4)	\$ _____	_____ %			
Insurance (Vehicle 1)	\$ _____	_____ %			
Insurance (Vehicle 2)	\$ _____	_____ %			
Insurance (Vehicle 3)	\$ _____	_____ %			
Insurance (Vehicle 4)	\$ _____	_____ %			
Total Fuel Cost	\$ _____	_____ %			
Total Servicing Cost	\$ _____	_____ %			
Tolls	\$ _____	_____ %			
<b>Total Transportation Expenses:</b>	\$ _____	_____ %			
<b>Medical</b>					
Health Insurance	\$ _____	_____ %			
Medical Expense	\$ _____	_____ %	Existing	or	Typical
Dental Expense	\$ _____	_____ %	Existing	or	Typical
Pharmacy Expense	\$ _____	_____ %	Existing	or	Typical
<b>Total Monthly Medical Expenses:</b>	\$ _____	_____ %			
<b>Miscellaneous</b>					
Child Care	\$ _____	_____ %			
Education/Self Improvement	\$ _____	_____ %			
Entertainment	\$ _____	_____ %			
Vacation & Holiday	\$ _____	_____ %			
Charitable Contributions	\$ _____	_____ %			
Food & Beverages (Groceries)	\$ _____	_____ %			
Clothing	\$ _____	_____ %			
Personal Care	\$ _____	_____ %			
Home Furnishings	\$ _____	_____ %			
Other	\$ _____	_____ %			
Credit Card Debt	\$ _____	_____ %			
Retirement Contribution	\$ _____	_____ %			
Insurance Polocies	\$ _____	_____ %			
<b>Total Miscellanious Expenses:</b>	\$ _____	_____ %			
<b>Total Monthly Expenses:</b>	\$ _____	_____ %			