

# INVESTOR ASSESSMENT FORM

Date: \_\_\_\_\_

<b>Investor:</b>	Last	First	M.I.
<b>Home Address:</b>	Street	City	State      Zip
<b>Co-Investor:</b>	Last	First	M.I.
<b>Home Address:</b>	Street	City	State      Zip
<b>Investor SSN:</b>	/    /	<b>Co-Investor SSN:</b>	/    /
<b>Investor DOB:</b>	/    /	<b>Co-Investor DOB:</b>	/    /
<b>Home Phone:</b>	(    )      --	<b>Home Phone:</b>	(    )      --
<b>Work Phone:</b>	(    )      --	<b>Work Phone:</b>	(    )      --
<b>Cell Phone:</b>	(    )      --	<b>Cell Phone:</b>	(    )      --

<b>Investor E-Mail Address:</b> _____	<b>Co-Investor E-Mail Address:</b> _____
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Where is your investment market(s)? \_\_\_\_\_

Are you currently working on a deal that requires financing      Yes       No

## HOW DID YOU HEAR ABOUT US?

Another Investor <input type="checkbox"/>	Real Estate Organization <input type="checkbox"/>	Broker <input type="checkbox"/>	Other <input type="checkbox"/>
Internet <input type="checkbox"/>	Real Estate Instructor <input type="checkbox"/>	Friend <input type="checkbox"/>	
<b>Referral Source:</b> _____			
<b>Referral Phone:</b> (    )      --	<b>Referral E-Mail Address:</b> _____		
<b>Event/Conference Attended:</b> _____			
If by Search engine (Google, Yahoo, etc.), what Keywords did you use? _____			

## YOUR FINANCIAL INFORMATION

Do you plan to be a full-time or part-time real estate investor?	Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/>
What is your present Primary Occupation?	_____
What is your Annual Income?	\$ _____
How long have you been with your current employer?	_____
If less than 2 years:      Prior Employer	_____
Prior Annual Income:	\$ _____

Toll free phone: 800-818-2438  
Fax: 800-818-2438

Website: [www.connectedcapitalfinance.com](http://www.connectedcapitalfinance.com)  
Email: [eileen@connectedcapitalfinance.com](mailto:eileen@connectedcapitalfinance.com)

**YOUR FINANCIAL INFORMATION CONT.**

**ASSETS:**

*Liquid Assets: (Checking, Savings, CDs, Mutual Funds, Stocks, etc.)*

Banks (List Names)	_____	Total	\$ _____
_____			
Brokerage (List Names)	_____	+	
_____		Total	\$ _____
Other (List Names)	_____	+	
_____		Total	\$ _____
<b>Total Liquid Assets</b>		=	\$ _____

*Non-Liquid Assets:*

IRAs (List Institution Names)	_____	Total	\$ _____
_____			
401ks (List Institution Names)	_____	+	
_____		Total	\$ _____
Other (List Other)	_____	+	
_____		Total	\$ _____
<b>Total Non-Liquid Assets</b>		=	\$ _____

*Real Estate Holdings: (Complete Exhibit A)*

Primary Residence (Address and Year Purchased)	_____		\$ _____
_____		+	
Total Number of Investment Properties	_____		\$ _____
<b>Total Real Estate Holdings</b>			\$ _____
<b><u>TOTAL ASSETS:</u></b>		=	\$ _____

**LIABILITIES:**

Total Mortgage Debt (Include primary residence mortgage)			\$ _____
		+	
Total Credit Card Debt			\$ _____
		+	
Total Installment Loan Debt			\$ _____
		+	
Total Other Debt			\$ _____
		=	
<b><u>TOTAL LIABILITIES:</u></b>			\$ _____

**TOTAL NET WORTH: (TOTAL ASSETS minus TOTAL LIABILITIES)** = \$ \_\_\_\_\_

Do you have a Home Equity Line of Credit? (List Unused Line Amount) \$ \_\_\_\_\_

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**PERSONAL CHALLENGES**

- Have you ever filed Bankruptcy?  Yes  No
- Have you ever been involved in any foreclosure action?  Yes  No
- Are you currently involved in any litigation?  Yes  No
- Have you ever been convicted of a crime?  Yes  No

If answer is Yes for any of the above questions, please tell us what happened, including dates. What did you learn? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**YOUR FUTURE**

What are your financial goals?  
 \_\_\_\_\_  
 \_\_\_\_\_

What do you see as the biggest obstacle(s) to achieving these goals?  
 \_\_\_\_\_  
 \_\_\_\_\_

What time frame have you set for yourself to achieve your goals?  
 \_\_\_\_\_  
 \_\_\_\_\_

**PAYMENT OPTIONS**

**Thank you for completing the Investor Assessment Form. We will be contacting you shortly.**

\_\_\_\_\_ I have enclosed a check made payable to **our** Loan Services, LLC for the \$295 non-refundable Assessment Fee.

\_\_\_\_\_ I hereby authorize **you** to charge the \$295 non-refundable Assessment Fee to my:

(Check one)  MasterCard  Visa  Amex

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit Security Code \_\_\_\_\_

Billing Address: \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Cardholder (Type Name if completing on-line) \_\_\_\_\_ Print Name of Cardholder \_\_\_\_\_

*Investor Assessment Forms become the property of us and cannot be returned. The undersigned certifies that all information herein is true and complete, and I hereby authorize us or agent to request a credit report, or other information, and to contact any references. This verification or re-verification may be made at any time by us, its agents, successors and assigns whether directly or through a credit reporting agency. If you are filling this document out electronically, typing your name on the signature line constitutes your signature and authorization.*

Investor Signature (Type Name if completing on-line) \_\_\_\_\_ Date \_\_\_\_\_ Co-Investor Signature (Type Name if completing on-line) \_\_\_\_\_ Date \_\_\_\_\_

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## Exhibit A: Real Estate Owned (REO)

	# of Units	Status (b)	Date Purchased	Purchase Price (\$)	Rehab Completed (\$)	Rehab Remaining (\$)	Current Value (\$)	Monthly Rental Income (\$)	Monthly Mortgage Payment (\$)	Outstanding Debt (\$)	Current Lien Holder
1		Owner Occ.									
2		IP / FS SP / R									
3		IP / FS SP / R									
4		IP / FS SP / R									
5		IP / FS SP / R									
	<b>Total</b>										

Note: Please use and attach additional sheet if more space is needed.

(a) Indicate ownership entity and all principals. If property is in a land trust, also indicate the name of the trustee.

**(b) Status:**  
**IP** Rehab In Progress  
**FS** For Sale  
**SP** Sale Pending (if land Contract put L.C.)  
**R** Rental

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## **Exhibit B: Closed Rehab Transactions**

*Please list last 3 transactions and include both purchase & sale HUD-1's for verification.*

	Property Address	Property (Circle one)	Date Purchased MM / YY	Date Sold MM / YY	Acquisition Cost (\$)	Rehab Cost (\$)	Financing Source	Sales Price (\$)	Net Profit (\$)
1		SFR / MULTI / CONDO							
2		SFR / MULTI / CONDO							
3		SFR / MULTI / CONDO							
	<b>Total</b>								

Note: If you would like to include additional transactions, please attach a separate sheet.

### **References**

Please list the buyers of your houses. Please include the telephone number and e-mail address.

	Property Address	Name of Buyer	Telephone Number	E-Mail Address
1				
2				
3				

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