

RiCora Financial Services
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Personal and Family Information Questionnaire

Client _____ Soc Sec # _____
DOB _____ Driver License _____
Occupation _____ E-Mail _____
Spouse _____ Soc Sec # _____
DOB _____ Driver License _____
Occupation _____ E-Mail _____
Address _____ City, St, Zip _____
Phone (H) _____ (C) _____
Bank Router _____ Bank Account _____

Family information (Dependents)

Name _____ DOB _____
Relationship _____ SSN _____
Name _____ DOB _____
Relationship _____ SSN _____
Name _____ DOB _____
Relationship _____ SSN _____
Name _____ DOB _____
Relationship _____ SSN _____

Did you and your entire household have Minimum Essential Coverage (Health Insurance) for the entire year?

YES _____ NO _____