

A photograph of two hands, one from the left and one from the right, positioned to form a heart shape. Both wrists are wearing colorful, knitted rainbow wristbands. The background is a solid, bright blue sky. A white rectangular frame is superimposed over the center of the hands, containing the title text.

IMPORTANT
HOUSEHOLD
FINANCIAL
RECORDS



CLEAR
Center for LGBTQ Economic
Advancement & Research

www.lgbtq-economics.org

info@lgbtq-economics.org

1-888-547-5322

BANK ACCOUNT INFORMATION

Nickname	
Account #	
Bank Name	
Phone #	
Address	
Website	
Username	
Password	
Debit or CC #	
Pin	
Debit or CC #	
Pin	

Nickname	
Account #	
Bank Name	
Phone #	
Address	
Website	
Username	
Password	
Debit or CC #	
Pin	
Debit or CC #	
Pin	

Nickname	
Account #	
Bank Name	
Phone #	
Address	
Website	
Username	
Password	
Debit or CC #	
Pin	
Debit or CC #	
Pin	

Nickname	
Account #	
Bank Name	
Phone #	
Address	
Website	
Username	
Password	
Debit or CC #	
Pin	
Debit or CC #	
Pin	

Nickname	
Account #	
Bank Name	
Phone #	
Address	
Website	
Username	
Password	
Debit or CC #	
Pin	
Debit or CC #	
Pin	

Nickname	
Account #	
Bank Name	
Phone #	
Address	
Website	
Username	
Password	
Debit or CC #	
Pin	
Debit or CC #	
Pin	



SAFE DEPOSIT, BONDS, & CERTIFICATES OF DEPOSIT

Bank Name			Website	
Address			City, State, ZIP	
Contact Person			Phone	
Email				
Checking Acct. #			Box Number:	
Savings Acct. #			Location of Key:	
User ID:				
Password:				
Bond Term	Bond Amount	Start Date	Maturity Date	Notes

Bank Name			Website	
Address			City, State, ZIP	
Contact Person			Phone	
Email				
Checking Acct. #			Box Number:	
Savings Acct. #			Location of Key:	
User ID:				
Password:				
Bond Term	Bond Amount	Start Date	Maturity Date	Notes

Bank Name			Website	
Address			City, State, ZIP	
Contact Person			Phone	
Email				
Checking Acct. #			Box Number:	
Savings Acct. #			Location of Key:	
User ID:				
Password:				
Bond Term	Bond Amount	Start Date	Maturity Date	Notes



CREDIT CARD INFORMATION

Description	
Card Number	
Credit Limit	
Creditor	
Phone #	
Address	
Website	
Username	
Password	
Account #	

Description	
Card Number	
Credit Limit	
Creditor	
Phone #	
Address	
Website	
Username	
Password	
Account #	

Description	
Card Number	
Credit Limit	
Creditor	
Phone #	
Address	
Website	
Username	
Password	
Account #	

Description	
Card Number	
Credit Limit	
Creditor	
Phone #	
Address	
Website	
Username	
Password	
Account #	

Description	
Card Number	
Credit Limit	
Creditor	
Phone #	
Address	
Website	
Username	
Password	
Account #	

Description	
Card Number	
Credit Limit	
Creditor	
Phone #	
Address	
Website	
Username	
Password	
Account #	



IMPORTANT DOCUMENTS

Personal Documents

Document	Location	Date Noted
Social Security Card		
Medicare Card		
Secondary Health Insurance Card		
Health Care Proxy		
Living Will/Advance Directive		
Power of Attorney		
Guardianship		
Conservator/Representative Payee		
Life Insurance Policy		
Will		
Trust Information		
Military ID/Papers		

Financial Documents

Document	Location	Date Noted
Loan Documents		
Annuity Contracts		
Stock Certificates & Bonds		



PERSONAL INSURANCE

Health Insurance #1

Policy Number	
Agent Name	
Agency Name	
Phone	
Address	
State	
Zip	
Insurance Co.	
Website	
24-Hour Phone	

Health Insurance #2

Policy Number	
Agent Name	
Agency Name	
Phone	
Address	
State	
Zip	
Insurance Co.	
Website	
24-Hour Phone	

Long-Term Insurance #1

Policy Number	
Agent Name	
Agency Name	
Phone	
Address	
State	
Zip	
Insurance Co.	
Website	
24-Hour Phone	

Long-Term Insurance #2

Policy Number	
Agent Name	
Agency Name	
Phone	
Address	
State	
Zip	
Insurance Co.	
Website	
24-Hour Phone	

Disability Insurance #1

Policy Number	
Agent Name	
Agency Name	
Phone	
Address	
State	
Zip	
Insurance Co.	
Website	
24-Hour Phone	

Disability Insurance #2

Policy Number	
Agent Name	
Agency Name	
Phone	
Address	
State	
Zip	
Insurance Co.	
Website	
24-Hour Phone	



PROPERTY INSURANCE

Home Insurance #1

Policy Number	
Agent Name	
Agency Name	
Phone	
Address	
State	
Zip	
Insurance Co.	
Website	
24-Hour Phone	

Home Insurance #2

Policy Number	
Agent Name	
Agency Name	
Phone	
Address	
State	
Zip	
Insurance Co.	
Website	
24-Hour Phone	

Auto Insurance #1

Policy Number	
Agent Name	
Agency Name	
Phone	
Address	
State	
Zip	
Insurance Co.	
Website	
24-Hour Phone	

Auto Insurance #2

Policy Number	
Agent Name	
Agency Name	
Phone	
Address	
State	
Zip	
Insurance Co.	
Website	
24-Hour Phone	

Other Insurance #1

Policy Number	
Agent Name	
Agency Name	
Phone	
Address	
State	
Zip	
Insurance Co.	
Website	
24-Hour Phone	

Other Insurance #2

Policy Number	
Agent Name	
Agency Name	
Phone	
Address	
State	
Zip	
Insurance Co.	
Website	
24-Hour Phone	



IMPORTANT CONTACTS

Attorney

Name	
Firm	
Address	
Address	
Phone #	
Email	
Notes:	

Financial Advisor

Name	
Firm	
Address	
Address	
Phone #	
Email	
Notes:	

Accountant

Name	
Firm	
Address	
Address	
Phone #	
Email	
Notes:	

