

FINANCIAL WORKSHEET

Homeowner Name:

Loan Number:

Income	Monthly Gross	Monthly Net	Source
Homeowner Income	\$	\$	
Co-Homeowner Income	\$	\$	
Other Income 1	\$	\$	
Other Income 2	\$	\$	
Other Income 3	\$	\$	

Total Gross Income	\$
Total Net Income	\$

Total Annual Income	\$
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Expenses	Monthly Payments	Unpaid Balance
Mortgage Payment	\$	\$
2nd Mortgage Payment	\$	\$
Monthly Property Taxes	\$	(If not included in payment)
Home Owners Insurance	\$	(If not included in payment)
Home Owner Association Fee	\$	
Cell Phone Payment	\$	
Home Phone Payment	\$	
Cable/Internet Payment	\$	
Electric Payment	\$	
Trash Payment	\$	
Gas Payment	\$	
Water Payment	\$	
Monthly Food Costs	\$	
Car Insurance Payment	\$	
Car Payments	\$	
Vehicle Gas	\$	
Daycare/ Childcare	\$	
Child Support	\$	
Health Insurance	\$	
Medical/ Dental Costs	\$	
Monthly Prescription Costs	\$	
Life Insurance Costs	\$	

Summary

Total Dependents:	Total In Household:
Assets	Estimated Value
Checking Accounts	\$
Savings Accounts	\$
IRA/401K/Keogh Accounts	\$
Other	\$
Total Assets	\$
Total Expenses	\$
Total Balance	\$
Gross Monthly Surplus	\$
Net Monthly Surplus	\$

Credit Cards	Monthly Payments	Unpaid Balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Additional Expenses	
	\$
	\$
	\$
	\$

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf (Authorization for Release of Information form).

Signature _____ Print Name _____ Date _____

Co-Homeowner Signature _____ Print Name _____ Date _____

