

FINANCIAL STATEMENT

Date:	Your Loan Number:		
Property Address:			
Is your home listed for sale? Yes ___ No ___			
Agent's Name:		Agent's Phone Number:	
Borrower Name:		Social Security Number:	
Mailing Address (#, Street, Apt.):			
Mailing Address (City, State, Zip):			
Employer's Name:		Length of employment:	
Monthly Net/take home pay:		Work Phone:	
Total Number of persons living at this address:		Home Phone:	
Number of children at this address:			
Co-Borrower's Name:		Social Security Number:	
Mailing Address (#, Street, Apt.):			
Mailing Address (City, State, Zip):			
Employer's Name:		Length of employment:	
Monthly Net/take home pay:		Work Phone:	
		Home Phone:	
Have you ever contacted a credit counseling service? Yes ___ No ___		Reason:	
Additional Income (not waç \$ /mo		Please Explain:	

Assets

TYPE	Estimated Value	TYPE	Estimated Value
Home		Checking Account(s)	
Other Real Estate		Savings/Money Market	
Other Real Estate		IRA/Keogh	
Other Investments		Stocks/Bonds/CD's	
Automobile (# _____)		Other	

Borrower Signature: _____

Co-Borrower Signature: _____

Monthly Expenses

CATEGORY	DESCRIPTION	MONTHLY PAYMENT	BALANCE DUE	ESTIMATED VALUE	Past Due Y/N	If yes, # of months
Subject Property	First Mortgage	\$	\$	\$		
	Second Mortgage					
Other Properties	Other Mortgage					
	Rent Paid					
Dues	HOA					
Automobile	AUTO 1 / Lease					
	AUTO 2 / Lease					
	Gasoline					
	Maintenance					
	Insurance					
Other Loans	Student Loan(s)					
	Finance Company					
	Installement					
Credit Cards	VISA					
	MASTERCARD					
	DISCOVER					
	Other:					
	Other:					
Utilities	Electrical/Heating					
	Water/Sewer/Trash					
	Telephone					
	Cable					
Insurance	Health/Dental					
	Life					
Medical (Not Covered By Insurance)	Doctor/Dentist					
	Medication					
	Hospital					
Entertainment						
Food	Family					
Support	Alimony					
	Child					
Child Care	Day Care					
OTHER: SPECIFY						
TOTAL MONTHLY EXPENSES:						

Borrower Signature: _____

Co-Borrower Signature: _____

