

Borrower Name: _____

Loan Number: _____

FINANCIAL WORKSHEET

BORROWER INFORMATION

Property Address:

Hm #: _____ **Wk #:** _____
Cell #: _____
Best time to call: _____ **E mail:** _____

Homeowner Questionnaire:
 Do you currently occupy the home Yes No
 Is this the only home you own Yes No
 Are you interested in retaining your home Yes No
 What was the reason for your default?
 Has this situation been resolved such
 that you can resume making payments? Yes No
 Are you in Active Bankruptcy Yes No
 Is this house vacant Yes No

Borrower Name: _____ Social Security # _____
 Co-Borrower Name: _____ Social Security # _____
 Mailing Address: _____

EMPLOYMENT INFORMATION

BORROWER

CO-BORROWER

Employer: _____
 Position: _____

Employer: _____
 Position: _____

INCOME DATA

HOUSEHOLD INCOME	PRIMARY HOMEOWNER		ADDITIONAL OCCUPANT(S)	
	CURRENT		CURRENT	
	Gross	Net	Gross	Net
Employment Income	\$		\$	
Disability	\$		\$	
Rental Income	\$		\$	
Unemployment	\$		\$	
Child Support / Alimony	\$		\$	
Other	\$		\$	
TOTAL MONTHLY INCOME	\$	\$	\$	

Income Frequency: (please check one)

Primary Homeowner:

Weekly Bi-Weekly Semi Monthly Monthly Quarterly Yearly

Additional Occupant(s):

Weekly Bi-Weekly Semi Monthly Monthly Quarterly Yearly

Current Employment Status Primary Homeowner: (please check one)

Employed Full-Time Employed Part-Time Unemployed/Not Working Self-Employed Retired

Current Employment Status Additional Occupant(s): (please check one)

Employed Full-Time Employed Part-Time Unemployed/Not Working Self-Employed Retired

ASSETS / LIABILITIES

DESCRIPTION	ESTIMATED VALUE	AMOUNT OWED	NET VALUE
Automobile Make / Model			
Deposit Accounts – Checking / Savings			
IRA / KEOUGH Accounts			
401K Savings Plan			
Stocks / Bonds / CDs			

Borrower Name: _____

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HOUSEHOLD LIABILITIES AND EXPENSES

EXPENSES	MONTHLY PAYMENT	BALANCE DUE
ALIMONY / CHILD SUPPORT	\$	\$
AUTOMOBILE EXPENSES (Gas, Maintenance)	\$	\$
CHILD CARE/ELDER CARE	\$	\$
OTHER MORTGAGE(S)	\$	\$
EDUCATION	\$	\$
FOOD - FAMILY	\$	\$
MEDICAL / DENTAL	\$	\$
PETS	\$	\$
SPENDING MONEY	\$	\$
OTHER EXPENSE	\$	\$
AUTO INSURANCE	\$	\$
HEALTH INSURANCE	\$	\$
LIFE INSURANCE	\$	\$
HOSPITAL	\$	\$
PRESCRIPTIONS	\$	\$
CABLE	\$	\$
ELECTRICITY	\$	\$
GAS	\$	\$
TELEPHONE/ CELL PHONE / INTERNET	\$	\$
WATER / SEWAGE	\$	\$
CLOTHING	\$	\$
DRY CLEANING	\$	\$
MONTHLY PARKING	\$	\$
CLUB OR UNION DUES	\$	\$
SCHOOL OR WORK LUNCHESES PURCHASED	\$	\$
HOA DUES	\$	\$
OTHER	\$	\$
DEBT	\$	\$
AUTOMOBILE LOANS	\$	\$
AUTOMOBILE LOANS	\$	\$
CREDIT CARDS	\$	\$
INSTALLMENT LOANS	\$	\$
MORTGAGE PAYMENT	\$	\$
2 ND LIEN MORTGAGE PAYMENT	\$	\$
PROPERTY TAXES AND INSURANCE (if not included in mortgage payment)	\$	\$
PERSONAL LOANS	\$	\$
OTHER SECURED DEBT	\$	\$
OTHER UNSECURED DEBT	\$	\$
OTHER	\$	\$

TOTAL EXPENSES/DEBT	\$	\$
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Total Net Income: \$ _____ Expenses: \$ _____ = Surplus: _____

UPFRONT FUNDS AVAILABLE	Amount: \$
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BORROWER:

_____, 2009

Signature

Date

Name (please print)

CO-BORROWER:

_____, 2009

Signature

Date

Name (please print)