

Borrower Name: _____
 Loan Number: _____

FINANCIAL WORKSHEET

BORROWER INFORMATION

Property Address : _____
 Home # : _____
 Work# : _____
 Cell # : _____
 Best time to call: _____ E-mail: _____

Please check all that apply:

I live in this house,
 Occupants in home: _____
 This is a second house,
 This house is vacant,
 This is a rental property
 Active Bankruptcy

Borrower Name: _____
 Co-Borrower Name: _____
 Mailing Address: _____

Social Security #: _____
 Social Security #: _____

EMPLOYMENT INFORMATION :

BORROWER :
 Employer : _____
 Position : _____

INCOME DATA :

HOUSEHOLD INCOME	Primary Homeowner		Additional Occupants	
	Gross	Net	Gross	Net
Employment Income	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Other (MOM)	\$	\$	\$	\$
Total Monthly Income	\$	\$	\$	\$

Income Frequency: (please check one)

Primary Homeowner:
 Weekly Bi-weekly Monthly Quarterly Yearly

Additional Occupant(s):
 Weekly Bi-weekly Semi Monthly Quarterly Yearly

Current Employment Status Primary Homeowner: (please check one)

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

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

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

ASSETS/LIABILITIES

DESCRIPTION	ESTIMATED VALUE		NET VALUE
Auto - Make/Model			
Deposit Accts. - CKG/Savings			
IRA/KEOUGH Accounts			
401K Savings Plan			
Stocks/Bonds/CDs			

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HOUSEHOLD LIABILITIES AND EXPENSES

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

TOTAL EXPENSES/DEBTS	\$	\$
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Net Income: \$ _____ Expences: \$ _____ Surplus: \$ _____

UPFRONT FUNDS AVAILABLE | Amount : \$ _____

BORROWER:	
Signature _____	Date _____
Name (please print) _____	
CO-BORROWER:	
Signature _____	Date _____
Name (please print) _____	