



HOMEOWNER FINANCIAL WORKSHEET

Borrower Name: _____

Co-Borrower Name: _____

1st Loan Number: _____

2nd Loan Number: _____

INCOME – TAKE HOME PAY

	DEBTOR	CO-DEBTOR	TOTAL
Primary Job			
Part Time Job (net)			
Retirement- Military			
Retirement – Civil Service			
Support/Alimony			
Social Security			
Room & Board/Rent			
Total Net Income	\$ _____	\$ _____	\$ _____

How often is Borrower paid? Every Week ___ Every 2 Weeks ___ Twice a Month ___ Once a Month ___

How often is Co-Borrower paid? Every Week ___ Every 2 Weeks ___ Twice a Month ___ Once a Month ___

EXPENSES

	MONTHLY PAYMENT	BALANCE	NAME OF CREDITOR
Home Mortgage			
2nd Mortgage			
Auto Loan			
Auto Loan			
Creditor			
Creditor			
Creditor			
Creditor			
Creditor			
Creditor			
Creditor			
Student Loan			
Alimony/Support			
Child Care			
IRS			
CH 13			
Electricity			
Heating fuel			Oil or Natural Gas
Water & Sewer			
Telephone			
Cable TV			
Auto Insurance			
Health Insurance			Paid directly (not by employer)
Life Insurance			Paid directly (not by employer)
Medical/Dental Exp.			
Homeowners Insurance			Only list if not in Mtg. payment
Real Estate Tax			Only list if not in Mtg. payment
Personal Property Tax			Applies only in some states



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Groceries			
School Lunches			
Transportation, Parking, Tolls			
Clothing			
Dry Cleaning/Laundry			
Cell Phone			
Internet Service			
Homeowners Assn. Dues			
Recreation/Spending Money			
Charitable Donations			
Total Monthly Expenses:	\$	\$	

A. Total Monthly Income:	\$	\$	
B. Total Monthly Expenses:	\$	\$	
C. Residual Income:	\$	\$	

Balance in 401K: _____ Cash Value of Stocks: _____

Balance in IRA: _____ Other Valuables to be sold: _____

Cash on Hand: _____

I/We have described my/our financial condition in the enclosed Financial Status Report and certify that all information, as well as all Attachments, is true, accurate and correct to the best of my/our knowledge. I/We understand that submission of this information in no way obligates my lender, servicer, Veterans Affairs, FHA/HUD, the investor, the Mortgage Insurers, _____ (AGENT), or _____ (BROKERAGE) to provide assistance to me or stop the foreclosure process.

I/We hereby authorize my/our lender, servicer, Veterans Affairs, FHA/HUD, the investor or the Mortgage Insurers to:

1. Order a credit report from any credit reporting agency.
2. Order a title search from any title agency.
3. Verify the accuracy of the information contained in this Financial Status Report, including without limitation, any current or previous employment information.

I/We agree that I/we will notify the AGENT and BROKERAGE mentioned above, my lender, Veterans Affairs, FHA/HUD, the investor, or the Mortgage Insurers immediately of any material change in the financial information that I/We have provided herein. If I/we fail to do so, or if it is determined that the financial information provided herein has been misrepresented by me, and lender, servicer, Veterans Affairs, FHA/HUD, the investor or the mortgage insurers makes decisions which would not have been made had the true facts been known, then (1) I shall be liable for all costs (fees) incurred or damages suffered by lender, servicer, Veterans Affairs, FHA/HUD, the investor, the mortgage insurers or AGENT and BROKERAGE above and (2) lender, Servicer, Veterans Affairs, FHA/HUD, the investor, the mortgage insurers and/or AGENT shall have the right, in its sole discretion, to terminate any arrangement or agreement that has been extended to me based, in whole or in part, on the inaccurate or incomplete information that I/We have provided.

Borrower Signature: _____ Co-Borrower Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____