

FINANCIAL STATEMENT

Borrower Information

Account Number:			
Type of Loan:			
Mortgage Servicer:			
Address of Subject Property:			
Borrower Name:			
Borrower Social Security #:			
Borrower's Mailing Address:			
Borrower's Phone Numbers:	H:	W:	Cell:
Co-Borrower's Name:			
Co-Borrower's Social Security #:			
Co-Borrower's Mailing Address:			
Co-Borrower's Phone Numbers:	H:	W:	Cell:
Is this property your primary residence?			
Do you plan to remain at this property?			
Have you ever filed a bankruptcy, and if so, when?			
How much money do you have at this time to put towards your delinquency?			\$
Is there a sale date set?		When?	

Assets Information

LIQUID ASSETS:	ESTIMATED VALUE:		
Cash on hand:	\$		
Checking and Savings:	\$		
Certificates of Deposit:	\$		
Stocks, Bonds, and Mutual Funds:	\$		
All Retirement Assets (401(k), IRA's, etc):	\$		
Other:	\$		
TOTAL LIQUID ASSETS:	\$		
NON-LIQUID ASSETS:	EST. VALUE:	BALANCE DUE	NET VALUE:
Primary Home:	\$	\$	\$
Other Home:	\$	\$	\$
Automobile 1:	\$	\$	\$
Automobile 2:	\$	\$	\$
Automobile 3:	\$	\$	\$
Cash Value of Life Insurance:	\$	\$	\$
Boat:	\$	\$	\$
TOTAL NON-LIQUID ASSETS:	\$	\$	\$

Monthly Income Information

DESCRIPTION (MONTHLY):	BORROWER 1:	BORROWER 2:	Total
Gross Monthly Pay - Primary Job	\$	\$	\$
Gross Monthly Pay - 2nd Job	\$	\$	\$
Bonuses/Commission	\$	\$	\$
Child Support/Alimony:	\$	\$	\$
Rental Property:	\$	\$	\$
Disability/Social Security/Retire:	\$	\$	\$
Room Rental	\$	\$	\$
Other:	\$	\$	\$
Other:	\$	\$	\$
TOTAL MONTHLY INCOME:	\$	\$	\$

Expense Information

CATEGORY:	DESCRIPTION:	MONTHLY PAYMENT:	BALANCE DUE:
Monthly Loan Payments	Monthly 1st TD	\$	\$
	Monthly 2nd TD	\$	\$
	Automobile 1	\$	\$
	Automobile 2	\$	\$
	Automobile 3	\$	\$
	Alimony/Support	\$	\$
	Student Loan	\$	\$
	Other	\$	\$
		\$	\$
Credit Card Payments		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Monthly Utility Payments	Electricity	\$	\$
	Gas	\$	\$
	Water/Sewer	\$	\$
	Trash	\$	\$
	Phone/Cell/Internet	\$	\$
	Cellular	\$	\$
	Cable	\$	\$
	HO Assoc.	\$	\$
Insurance (if not taken from check)	Property Taxes	\$	\$
	Auto Insurance	\$	\$
	Property Insurance	\$	\$
	Life Insurance	\$	\$
Automobile	Health Insurance	\$	\$
	Gasoline	\$	\$
Household	Maintenance	\$	\$
	Groceries/Supplies	\$	\$
	Work/School Lunches	\$	\$
	Dry Cleaning	\$	\$
	Child Care/Day Care	\$	\$
	Education/Tuition	\$	\$
	Charitable Donations	\$	\$
Animal Care	\$	\$	
TOTAL MONTHLY EXPENSES:		\$	\$

NOTES AND ADDITIONAL INFORMATION	
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Combined Monthly Net Income	\$
Monthly expenses	\$ ()
Net Income	\$