



Borrower Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

MONTHLY INCOME	AMOUNT
BASE INCOME (ANNUAL INCOME / 12)	\$
BONUSES OR COMMISSION	
SPOUSE INCOME (ANNUAL INCOME / 12)	
OTHER (CHILD SUPPORT/ALIMONY RECEIVED)	
TOTAL MONTHLY INCOME	
MONTHLY EXPENSES	
MONTHLY MORTGAGE PAYMENT (INCLUDING: PRINCIPAL, INTEREST, TAXES, INSURANCE+MORTGAGE INSURANCE)	\$
MONTHLY CONDOMINIUM OR HOMEOWNERS ASSOCIATION FEES	
STUDENT LOAN PAYMENTS	
CHILD SUPPORT/ALIMONY PAID	
UTILITIES (ARE YOU ON A BUDGET PAYMENT PLAN? Y___ N___)	
ELECTRIC	
GAS (PROPANE: Y___ N___)	
WATER	
OTHER (I.E. WASTE COLLECTION)	
BUNDLE PLAN (CABLE, PHONE, INTERNET)	
TELEPHONE: CELL PHONE _____ LAND LINE _____	C: \$ _____ L: \$ _____
FOOD	
GROCERIES	
DINING OUT/DELIVERY	
AUTO(S):	
1) MODEL _____ YEAR _____	
2) MODEL _____ YEAR _____	
PAYMENT	
MONTHLY INSURANCE	
GAS AND MAINTENANCE/REPAIRS	
PARKING OR PUBLIC TRANSPORTATION	
HEALTH CARE	
MEDICAL INSURANCE OR BILLS <b>NOT</b> DEDUCTED FROM PAYROLL	
OTHER MEDICAL EXPENSES	
DAYCARE AND/OR PRIVATE SCHOOL TUITION/CHILDREN'S ACTIVITIES	
PERSONAL CARE	
WARDROBE (CLOTHING, DRY CLEANING, LAUNDRY)	
GROOMING (SALON SERVICES, COSMETICS, TOILETRIES)	
ENTERTAINMENT (CABLE, MOVIE RENTALS, EVENTS, HOBBIES)	
CREDIT CARDS (NUMBER OF CARDS _____)	
PET EXPENSES (FOOD, VETERINARIAN)	
DONATIONS	
SAVINGS OR RETIREMENT CONTRIBUTIONS	
CONTINUING EDUCATION/COLLEGE TUITION AND BOOKS	
OTHER EXPENSES	
<b>TOTAL MONTHLY EXPENSES</b>	
<b>TOTAL (INCOME LESS EXPENSES):</b>	<b>\$</b>

