

**FINANCIAL WORKSHEET**

INDEX NUMBER: \_\_\_\_\_ NAME OF CASE: \_\_\_\_\_

Borrower's Name:			
Co-Borrower's Name:			
Property Address:			
Mailing Address : (If different than property address)			
Home Telephone:		Cell Phone:	

**MONTHLY INCOME**

DESCRIPTION	INCOME BORROWER	INCOME CO-BORROWER	TOTAL
Net Salary			
Overtime			
Commissions/Bonuses			
Unemployment Income			
Child Support/Alimony			
Social Security/Disability			
Pension/Retirement			
Other income			

**COMBINED MONTHLY EXPENSES**

**COMBINED ASSETS**

DESCRIPTION	MONTHLY PAYMENT	DESCRIPTION	ESTIMATED VALUE
Mortgage		Home	
2 <sup>nd</sup> Mortgage		Other Real Estate	
Rent/Other Mortgage		Automobile	
Property Taxes		Checking Account	
Homeowner's Insurance		Savings Account	
Utilities (Total)		401K	
Child Support/Alimony		Stocks/Bonds/CD'S	
Automobile Loan		IRA/Keogh Account	
Auto/Transportation Expense		Other	
Insurance (Auto, Health, Life)			
Child/Dependent/Elderly Care			
Credit Cards (Total)			
Student/Personal Loans			
Doctor/Medical Bills			
Food & Clothing			
Other			

Please briefly explain your reason for delinquency including date(s) of hardship:

\_\_\_\_\_

\_\_\_\_\_

Have you sought legal representation? \_\_\_\_\_ or credit counseling? \_\_\_\_\_