

Borrower Name: _____
Loan Number: _____

FINANCIAL WORKSHEET

BORROWER INFORMATION

Property Address: _____

Hm #: _____ Wk #: _____

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 (monthly rent: \$ _____)

☐ Active Bankruptcy

Borrower Name _____

Social Security # _____

Co-Borrower Name _____

Social Security # _____

Mailing Address: _____

EMPLOYMENT INFORMATION

BORROWER

Employer _____

Position _____

CO-BORROWER

Employer _____

Position _____

INCOME DATA

HOUSEHOLD INCOME	PRIMARY HOMEOWNER		ADDITIONAL OCCUPANT(S)	
	CURRENT		CURRENT	
	Gross	Net	Gross	Net
Employment Income	\$		\$	
Disability	\$		\$	
Rental Income	\$		\$	
Unemployment	\$		\$	
Child Support / Alimony	\$		\$	
Other	\$		\$	
TOTAL MONTHLY INCOME				

Income Frequency: (please check one)

Primary Homeowner:

☐ Weekly

☐ Bi-Weekly

☐ Semi Monthly

☐ Monthly

☐ Quarterly

☐ Yearly

Additional Occupant(s):

☐ Weekly

☐ Bi-Weekly

☐ Semi Monthly

☐ Monthly

☐ Quarterly

☐ Yearly

Current Employment Status Primary Homeowner: (please check one)

☐ Employed Full-Time

☐ Employed Part-Time

☐ Unemployed/Not Working

☐ Self-Employed

☐ Retired

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

☐ Employed Full-Time

☐ Employed Part-Time

☐ Unemployed/Not Working

☐ Self-Employed

☐ Retired

ASSETS / LIABILITIES

DESCRIPTION	ESTIMATED VALUE	AMOUNT OWED	NET VALUE
Automobile Make / Model			
Deposit Accounts – Checking / Savings			
IRA / KEOUGH Accounts			
401K Savings Plan			
Stocks / Bonds / CDs			

Borrower Name: _____
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HOUSEHOLD LIABILITIES AND EXPENSES

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

Net Income: \$ _____ - Expenses: \$ _____ = Surplus: \$ _____

UPFRONT FUNDS AVAILABLE	Amount: \$ _____
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BORROWER:

Signature

_____, 20____
Date

Name (please print)

CO-BORROWER:

Signature

_____, 20____
Date

Name (please print)