

FINANCIAL STATEMENT

Date:	Your Loan Number:
Property Address:	
Is your home listed for sale? Yes ____ No ____	
Agent's Name:	Agent's Phone Number:
Homeowner Name:	Social Security Number:
Mailing Address (#, Street, Apt.):	
Mailing Address (City, State, Zip):	
Employer's Name:	Length of employment:
Total Number of persons living at this address:	Work Phone:
Number of children at this address:	Home Phone:
Co-Owner's Name:	Social Security Number:
Mailing Address (#, Street, Apt.):	
Mailing Address (City, State, Zip):	
Employer's Name:	Length of Employment:
	Work Phone:
Have you ever contacted a credit counseling service? Yes ____ No ____	Reason:

I (We) understand that the financial information provides is an accurate statement of my loan financials status. I (We) understand and acknowledge any action taken by the lender of my (our) mortgage loan on my behalf will be made in strict reliance on the financial information provided. My (Our) signature(s) below grants the holder of my mortgage the authority to confirm the information I (we) have disclosed in this financial statement to verify that it is accurate by ordering a credit report and to contact my Realtor and/or credit counseling service representative if applicable.

By: _____ Date _____
Signature of Borrower

By: _____ Date _____
Signature of Co-Borrower

Assets

TYPE	Estimated Value
Home	\$
Other Real Estate	\$
Other Real Estate	\$
Other Investments	\$
Automobile(# ____)	\$
Checking Account (s)	\$
Savings/Money Market	\$
IRA/Keogh	\$
Stocks/Bonds/CD's	\$
Other:	\$

Monthly Income

Type	Amount
Borrower Wages	\$
Co-Borrower Wages	\$
Rent(s)	\$
Additional Income	\$
Additional Income	\$
TOTAL INCOME	\$

Monthly Expenses

CATEGORY	DESCRIPTION	MONTHLY PAYMENT
Property	This Mortgage	\$
	Other Mortgage	\$
	Other Mortgage	\$
	Rent Paid	\$
Dues	HOA	\$
Automobile	Auto 1 / Lease	\$
	Auto 2 / Lease	\$
	Gasoline	\$
	Maintenance	\$
	Insurance	\$
Other Loans	Student Loan(s)	\$
	Finance Company	\$
	Installment	\$
Credit Cards	Visa	\$
	MasterCard	\$
	Discover	\$
	Other:	\$
	Other:	\$
Utilities	Electricity / Heating	\$
	Water/Sewer/Trash	\$
	Telephone	\$
	Cable	\$
Insurance	Health / Dental	\$
	Life	\$
Medical	Doctor / Dentist	\$
	Medication	\$
	Hospital	\$
Entertainment		\$
Food	Family	\$
Support	Alimony	\$
	Child	\$
	Day Care	\$
Other: Specify		\$
TOTAL EXPENSES:		\$