

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:	Home: ()	Work:()	Cellular: ()
Co-Borrower's Name:			
Borrower Social Security #:			
Co-Borrower's Mailing Address:			
Co-Borrower's Phone Numbers:	Home: ()	Work:()	Cellular: ()
Is this property in foreclosure?		If yes, when is the foreclosure sale?	
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?			
What is your monthly combined NET income?			

Assets Information

LIQUID ASSETS:	ESTIMATED VALUE:		
Cash on hand:			
Checking and Savings:			
Certificates of Deposit (COD's):			
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:			\$ -
Trailer:			\$ -
Other: 2nd home loan			\$ -
TOTAL NON-LIQUID ASSETS:	\$ -	\$ -	\$ -

Income Information

DESCRIPTION (MONTHLY):	BORROWER 1:	BORROWER 2:	Total
Net Monthly Pay			\$ -
Bonuses:			\$ -
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 Mortgage 1		
	Monthly Mortgage 2		
	Automobile 1		
	Automobile 2		
	Other		
	Other		
	Alimony/Support Student Loan		
Credit Card Payments	Visa		
	Mastercard		
	Other		
Monthly Utility Payments	Electricity		
	Gas		
	Water		
	Phone		
	Cellular		
	Cable/Internet		
	HO Assoc.		
	Other		
	Property Taxes		
	Trash/Sewer		
Insurance (if not taken from check)	Auto Insurance		
	Property Insurance		
	Life Insurance		
Car	Gasoline		
	Maintenance		
Household	Groceries		
	Work/School Lunches		
	Household Supplies		
	Child Care/Day Care		
	Education/Tuition		
	Charitable Donations		
Miscellaneous	Animal Care		
	Other/Medical Bills		
TOTAL MONTHLY EXPENSES:		\$ -	\$ -