

FINANCIAL STATEMENT

Borrower Information

Account Number:			
Type of Loan:			
Mortgage Servicer:			
Address of Subject Property:			
Borrower Name:			
Borrower Social Security #:			
Borrower's Mailing Address:	same		
Borrower's Phone Numbers:	H:	W:	Cell:
Co-Borrower's Name:			
Borrower Social Security #:			
Co-Borrower's Mailing Address:			
Co-Borrower's Phone Numbers:	H:	W:	Cell:
Is this property your primary residence?			
Do you plan to remain at this property?			
Have you ever filed a bankruptcy, and if so, when?			

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

NOTES AND ADDITIONAL INFORMATION	
Combined Monthly Net Income	\$ -
(monthly expenses)	\$ -
Surplus of Income	\$ -
Mortgagor's Signatures & Dates:	
Mortgagor:	Date:
Co-Mortgagor:	Date: