

PERSONAL FINANCIAL WORKSHEET

The following information you provide will remain confidential. The information will be forwarded to the lenders we are attempting to work with. You must give us complete information to enable us and/or your lender to evaluate your request.

BORROWER NAME: _____

PHONE #: _____ EMAIL: _____

CO-BORROWER NAME: _____

PHONE #: _____ EMAIL: _____

Property Address: _____

___ Owner Occupied ___ Tenant Occupied ___ Vacant

First Mortgage: _____ Loan #: _____

Second Mortgage: _____ Loan #: _____

Additional Lien(s): _____ Acct #: _____

Ever filed bankruptcy, which chapter? _____ Filing Date _____ Discharge Date _____

MONTHLY INCOME:

BORROWER GROSS Income _____ CO-BORROWER GROSS Income _____

BORROWER NET Income _____ CO-BORROWER NET Income _____

Overtime Income _____ Overtime Income _____

Bonuses _____ Bonuses _____

Commission Income _____ Commission Income _____

Rental Income _____ Rental Income _____

Social Security / Disability _____ Social Security / Disability _____

Other Income _____ Other Income _____

Total Monthly Income _____ **Total Monthly Income** _____

ASSETS: (For Real Estate owned please enter your estimate of current market value)

Real Estate	_____	Bank Accounts (total all accounts)	_____
Bank Accounts	_____	Stocks/Bonds	_____
Auto 1	_____	Life Insurance / Retirement	_____
Auto 2	_____	Personal Property	_____
Auto 3	_____	Other _____	_____
Additional Real Estate	_____	Other _____	_____
Total Assets			_____

Additional Property Address: _____

Additional Property Mortgage: ___ Current ___ Defaulted ___ Tenant Occupied ___ Vacant

MONTHLY EXPENSES / MINIMUM PAYMENTS:

LOANS	MONTHLY PAYMENT	BALANCE DUE
1 st Mortgage	_____	_____
2 nd Mortgage	_____	_____
Additional Lien _____	_____	_____
Auto 1	_____	_____
Auto 2	_____	_____
Auto 3	_____	_____
Motorcycle / RV / Boat	_____	_____
Credit Card 1	_____	_____
Credit Card 2	_____	_____
Credit Card 3	_____	_____
Bank Loan(s)	_____	_____
Student Loan(s)	_____	_____
Other _____	_____	_____
Total Monthly Payments and Balances Due	_____	_____

RECURRING MONTHLY EXPENSES

HOUSEHOLD UTILITIES

Electricity _____
Gas _____
Water _____
Trash _____
Phone _____
Cable / Streaming _____
Internet _____

PROP TAXES, INS, & HOA

Prop Taxes (if not escrowed) _____
Prop insurance (if not escrowed) _____
HOA Dues _____
Earthquake or Other Ins _____
Other _____
Total Monthly Property Costs _____

OTHER HOUSEHOLD COSTS

Food _____
Clothing _____
Gas / Transportation _____
Auto insurance _____
Tuition / Education _____
Medical Costs (Inc Prescriptions) _____
Heath Ins (if not payroll deducted) _____
Security / Alarm System _____
Gardener / Pool Care _____
Daycare _____
Other _____
Total Monthly Household Expenses _____

Date: _____

Homeowner - Signature

Homeowner – Signature

By signing above, homeowner(s) affirm that the information given in this document is true and correct to the best of homeowner’s knowledge.