

Borrower(s) Name(s) _____

Address _____

A.

<u>Fixed MONTHLY Expenses</u>	<u>Payment</u>
1 st Mortgage	
Property Taxes (if not included in 1 st mortgage payment)	
Homeowners Insurance (if not included in 1 st mortgage payment)	
2 nd Mortgage	
Condo/Homeowner Association Fees	
Gas & Electric	
Heating Oil	
Water & Sewer	
Telephone	
Car Payment 1	
Car Payment 2	
Auto Insurance	
Life Insurance	
Medical Insurance	
Alimony / Child Support	
Alarm System	
Other/Minimum Credit Card Payment from Section C	
Sub-Total FIXED Expenses:	

B.

<u>Other MONTHLY Expenses</u>	<u>Payment</u>
Groceries	
Eating Out	
Gas	
Bus/Taxi/Parking	
Car Repairs	
Toiletries/Hair Care	
Medical/Prescriptions	
Day Care	
Cable TV/Internet	
Clothing/Laundry	
Lottery	
Church/Charity	
Entertainment	
Cell Phone	
Other	
Sub-Total OTHER expenses	

Total A+B+C _____

Client Signature _____

Date _____

Borrower's Occupation _____

Borrower's Monthly Income

<u>Gross Monthly Income "GMI"</u>	<u>Net Income (after taxes and deductions)</u>
\$ _____	\$ _____

Co-borrower Yes No

Spouse or Partner's Occupation _____

Spouse or Partner's Income

<u>Gross Monthly Income</u>	<u>Net Income (after taxes and deductions)</u>
\$ _____	\$ _____

Other Household Income Non-Borrower

<u>Gross Monthly Income</u>	<u>Net Income (after taxes and deductions)</u>
\$ _____	\$ _____

Describe

Monthly Mortgage Payment including Principal/Interest/Taxes/Homeowner's Insurance/Condo or Homeowner's Dues

\$ _____

Total Borrower(s) GMI \$ _____

31% of GMI \$ _____

Total Household GMI \$ _____

31% of Household GMI \$ _____

C. Credit Cards and Other Debt

<u>Creditor Name</u>	<u>Payment</u>	<u>Balance</u>
Total	\$ _____	\$ _____

D. Monthly Surplus/Deficit

Total <u>NET</u> Monthly Household Income	\$ _____
Subtract Total Monthly Expenses (A+B+C)	\$ _____
Monthly Surplus or Deficit	\$ _____