

Monthly Financial Statement

Name: _____

Monthly Gross Income	
Borrower	
Co-Borrower	
Other	
Other	
Other	
Other	
Total Gross Income	

Monthly Net Income	
Borrower	
Co-Borrower	
Other	
Other	
Other	
Other	
Total Net Income	

Monthly Expenses			
Current Rent		Credit Card # 2 (Minimum Payment)	
Renters Insurance		Credit Card # 3 (Minimum Payment)	
Association Fees		Income Tax Payments	
Heat/Gas		Student Loan	
Gas		Installment/Personal Loan	
Electric		Installment/Personal Loan	
Telephone		Work Related Expenses	
Cable + Internet		School Lunches	
Cell Phone		Educational Expenses	
Water/Sewer		Pet Food /Vet Care/ Grooming	
Trash		Dry Cleaning	
Home Repairs and Maintenance		Household + Personal Care	
Food and Groceries		Clothing	
Automobile Payment		Beauty Shop/Barber	
Gasoline for Automobile		Gifts/Presents	
Automobile Insurance		Entertainment/Eating Out	
Automobile Repairs and Maintenance		Financial Donation/Tithings	
Life Insurance		Cigarettes/Alcohol	
Bus Fare		Monthly Contribution to Savings	
Alimony/Child Support		Doctor/ Dentist/ Rx/ Glasses	
Child Care		Other (Explain) _____	
Credit Card # 1		Other (Explain) _____	

Total Expense

Household Balance

Debt & Housing to Income Ratio

Front End DTI

Back End DTI

The above is an accurate reflection of my household's income and expenses. It is understood that my failure to follow this spending plan may result in an unfavorable decision from my lender.

Client Signature Date

Client Signature Date

Counselor verified budget with homeowner on _____.

Counselor Signature