Monthly Financial Statement

Name:

Loan#:

Monthly Gross Income	
Borrower	
Co-borrower	
Other	
Other	
Other	
Other	
Other	
Total Gross Income	$0

Monthly Net (take home)	
Borrower	
Co-borrower	
Other	
Other	
Other	
Other	
Other	
Total Net Income	$0

Monthly Expenses			
1st Mortgage-Current Payment		Credit Card #1 (Minimum Payment)	
2nd Mortgage / Contract for Deed		Credit Card # 2 (Minimum Payment)	
Property Taxes (if not escrowed)		Credit Card # 3 (Minimum Payment)	
Association Dues		Student Loan	
House Insurance (if not escrowed)		Installment/Personal Loan	
Heat/Gas		Income Taxes	
Electric		Work Related Expenses	
Telephone		School Lunches	
Cable + Internet		Educational Expenses	
Cell Phone		Pet Food /Vet Care/ Grooming	
Water/Sewer		Dry Cleaning	
Trash		Household + Personal Care	
Home Repairs and Maintenance		Clothing	
Food and Groceries		Beauty Shop/Barber	
Automobile Payment		Gifts/Presents	
Gasoline for Automobile		Entertainment/Eating Out	
Automobile Insurance		Financial Donation/Tithings	
Automobile Repairs and Maintenance		Cigarettes/Alcohol	
Life Insurance		Monthly contribution to savings	
Bus Fare		Doctor/ Dentist/ Rx/Glasses	
Alimony/Child Support		Insurance (Life, Health)	
Child Care		Other: _____	

Total Expense $0

Household Balance **$0**

Debt & Housing to Income Ratio **#DIV/0!**

Front End DTI #DIV/0!

Back End DTI #DIV/0!

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