

# FINANCIAL INFORMATION



**Loan Number:** \_\_\_\_\_

**Social Security:** \_\_\_\_\_

**Borrower:**

Mailing Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Co-Borrower:**

Mailing Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Mortgage Co:**

Phone/Extension: \_\_\_\_\_ Fax/Extension: \_\_\_\_\_

**Monthly Income:**

| Name of Employer | Net Monthly Wage | Additional Income Description (Not Wages) | Monthly \$ Amount |
|------------------|------------------|---|-------------------|
| _____            | \$ -             | _____                                     | \$ -              |
| _____            | \$ -             | _____                                     | \$ -              |
| _____            | \$ -             | _____                                     | \$ -              |

**Monthly Expenses**

Mortgage \_\_\_\_\_  
 Second Mortgage \_\_\_\_\_  
 Auto Payment(s) # \_\_\_\_\_  
 Auto Insurance \_\_\_\_\_  
 Auto Fuel/Repairs \_\_\_\_\_  
 Credit Card Payments \_\_\_\_\_  
 Installment Loan Payments \_\_\_\_\_  
 Child Support/Alimony \_\_\_\_\_  
 Day Care/Child Care/Tuition \_\_\_\_\_  
 Food \_\_\_\_\_  
 Utilities \_\_\_\_\_  
 Condominium Association Fee \_\_\_\_\_  
 Medical (not covered by insur.) \_\_\_\_\_  
 Other Property Payments \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Cable TV \_\_\_\_\_  
 Spending Money \_\_\_\_\_  
 Expenses I \_\_\_\_\_  
 Expenses II \_\_\_\_\_

**Monthly \$ Amount**

\$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_  
 \$ - \_\_\_\_\_

Borrower's Signature (required) / Date

Co-Borrower's Signature / Date

Please send a recent pay stub for each employer and bank statements for all checking and savings accounts. If self employed, please send most recent tax return with schedules.

|                             |      |
|-----------------------------|------|
| <b>Total Wages</b>          | \$ - |
| <b>Other Income Total</b>   | \$ - |
| <b>Total Monthly Income</b> | \$ - |

|                                       |      |
|---------------------------------------|------|
| <b>Total Monthly Expenses</b>         | \$ - |
| <b>Difference of Income X Expense</b> | \$ - |