

# FINANCIAL ANALYSIS FORM

Loan Number \_\_\_\_\_

<b>Borrower:</b>			
Name	Home Phone	Work Phone	Best Number / Time to Call
<b>Co-Borrower:</b>			
Name	Home Phone	Work Phone	Best Number / Time to Call
<b>Property Address:</b>			
Street Address	City	State	Zip
<b>Current Address (If different from mailing address. Do not use Post Office Box.):</b>			
Street Address	City	State	Zip
<p>Total number of individuals in your household:</p> <p>How much money is currently available towards a workout?</p> <p>Is your home listed for sale? If yes, what is the list price?</p> <p>What is your agent's name and telephone number?</p> <p>Is the property occupied?</p>			

## EMPLOYMENT HISTORY

	Borrower	Co-Borrower
Currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long?		
Present employer:		
If self-employed, name of company:		

## MONTHLY INCOME

Description	Borrower	Co-Borrower	Total
Net Salary / Wages	\$	\$	\$
Unemployment Income	\$	\$	\$
Child Support / Alimony	\$	\$	\$
Disability Income	\$	\$	\$
Rental Income	\$	\$	\$

**ASSETS / LIABILITIES**

If you own real estate in addition to your personal residence, please attach a complete list of property addresses / name(s) of Lender / Lender's address and phone number / account numbers / monthly payment / amount owed / estimated value & rental income.

Description	Estimated Value	Amount Owed	Net Value
Personal Residence	\$	\$	\$
Personal Property	\$	\$	\$
Checking Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
IRA / 401(k) / Keogh Accounts	\$	\$	\$
Stocks / Bonds / CDs	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$
<b>Totals</b>	\$	\$	\$

**EXPENSES**

Description	Monthly Payment	Balance Due	Delinquent?
First Mortgage Lender	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Mortgages / Liens / Rents	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony / Child Support	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeowners Assoc. Dues	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Taxes	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card / Installment Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Loans / Personal Loans	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loan(s)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Expenses / Gasoline / Insurance	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Food / Household Supplies	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water / Sewer / Utilities / Phone(s) / Cable	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

**FINAL INSTRUCTIONS:**

1. Review the Financial Analysis Form to make sure it is correct.
2. Please sign and date this form.

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Date