

PERSONAL BALANCE SHEET

Assets		
Do you have a checking account?	Yes	No
If yes, what is your balance?	\$	
Do you have a savings account?	Yes	No
If yes, what is your balance?	\$	
What is the value of your short sale property?	\$	
Do you have any other properties?	Yes	No
If yes, what is the value of your other residences?	\$	
Value of automobile(s)	\$	
Value of retirement plan / 401K	\$	
Cash value of life insurance	\$	
Value of investments: stocks, bonds, mutual funds	\$	
Value of furniture, jewelry, computers, tools	\$	
Liabilities		
Balance on Mortgage - short sale property	\$	
Balance on second Mortgage - short sale property	\$	
Balance on Mortgage - other residences	\$	
Balance on auto loan(s)	\$	
Balance on loans against insurance policy	\$	
Total balance on all credit cards	\$	
Loans to you from your family members	\$	
Balance on personal loans	\$	
Balance on any taxes owed	\$	
Balance on student loans	\$	
Balance on collection accounts	\$	
Balance on medical/dental bills	\$	
Balance on back alimony or child support owed	\$	

MONTHLY BUDGET

Item	Amount	Item	Amount
Rent/Room & Board	\$	Auto Loan Payment 1	\$
1st Mortgage Payment	\$	Auto Loan Payment 2	\$
2nd Mortgage Payment / Equity line	\$	Credit Card Payment(s)	\$
Real Estate Taxes / Local taxes	\$	Student Loan Payment	\$
Association / Condo fees	\$	Other Judgment(s) Payment(s)	\$
Homeowner's / Renter's Insurance	\$	Alimony / Child support	\$
Routine Home Maintenance / Repairs	\$	Internet, Cable, Phone	\$
Utilities (gas, electricity, fuel/oil/propane, water and sewer, etc.)	\$	Medical/Dental (med ins, life, ins, prescriptions, co-pays, hospitalization, etc.)	\$
Food (groceries, lunches for school/work, take-out, etc.)	\$	Infant supplies / Diapers / Formula / Childcare / Babysitter	\$
School tuition / Fees / Books	\$	Personal Items / Toiletries	\$
Dry cleaning / Laundry	\$	Clothing	\$
Gasoline / Car Maintenance / Tolls	\$	Other monthly expense	\$
Automobile Insurance	\$	Description of other amount	

MONTHLY INCOME

	Applicant	Co-Applicant
Gross Income	\$	\$
Net Income (take home wages)	\$	\$
Alimony	\$	\$
Child Support	\$	\$
Unemployment	\$	\$
Social Security / Disability	\$	\$
Retirement / Pension	\$	\$
Part-time job earnings	\$	\$
Other Income	\$	\$
Description of Other Income	\$	\$

TOTAL INCOME _____

TOTAL EXPENSES _____

Borrower _____ Date

Borrower _____ Date