

Loan #:					
Borrower:		Co-Borrower:		Telephone #	
Social Security Number:		Social Security Number:			
Property Address:		City:		State:	
				Zip Code:	
Have you contacted credit council services? <input type="checkbox"/> YES <input type="checkbox"/> NO		Number of Dependents:			
Is your home listed for sale? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, who is your agent?			
Borrower Employment History			CO-Borrower Employment History		
Currently Employed ? <input type="checkbox"/> YES <input type="checkbox"/> NO			Currently Employed ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
How Long?			How Long?		
Present Employer:			Present Employer:		
Position Title			Position Title		
If Self Employe, name of Company			If Self Employe, name of Company		
Borrower Income			Co-Borrower Income		Total
Net Salary Wages: \$ -		Net Salary Wages: \$ -		\$ -	
Unemployment Income: \$ -		Unemployment Income: \$ -		\$ -	
Child Support Income/Alimony: \$ -		Child Support Income/Alimony: \$ -		\$ -	
Disability Income: \$ -		Disability Income: \$ -		\$ -	
Rental Income: \$ -		Rental Income: \$ -		\$ -	
Borrower Assets					
Description	Estimated Value	Amount Owed	Net Value		
Personal Residence:	\$ -	\$ -	\$ -		
Personal Property:	\$ -	\$ -	\$ -		
Checking Accounts:	\$ -	\$ -	\$ -		
Savings Accounts:	\$ -	\$ -	\$ -		
IRA/401/KEOGH Accounts:	\$ -	\$ -	\$ -		
Stocks /Bonds:	\$ -	\$ -	\$ -		
Cash Value of Life Insurance :	\$ -	\$ -	\$ -		
Real Estate Owned:	\$ -	\$ -	\$ -		
Other:	\$ -	\$ -	\$ -		
Total	\$ -	\$ -	\$ -		
Assets/Liabilities - If you own additional real estate, please attach sparate sheet with addresses and loan information.					
Expenses					
Description	Montly Payment	Balance Due	Delinquent		
Mortgage Payment:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other Real Estate:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Alimony/Child Support:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Home Owners Association Dues:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Child Care:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Health Insurance:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Medical:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Credit Card Installment Loans:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Auto Loans:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Auto Expenses/ Gasoline/Insurance:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Food Spending Money:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Water/Sewer/Utilities/Phone:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other:	\$ -	\$ -	\$ -	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Totals	\$ -	\$ -	\$ -		
SIGNATURE - BORROWER		DATE		SIGNATURE - CO-BORROWER	
				DATE	