

FINANCIAL ANALYSIS FORM

Loan #:		
Borrower:	Res. Tel. #:	Work Tel. #:
Best number/ time to call: _____		
Co-Borrower:	Res. Tel. #:	Work Tel. #:
Best number/ time to call: _____		
Property Address:		
City:	State:	Zip Code:
Current Address (if different from property address – Do not use Post Office Box):		
City:	State:	Zip Code:

Total number of individuals in your household: _____

How much money is currently available towards a workout? _____

Is your home listed for sale? If yes, what is the list price? _____

What is your agent's name and telephone number? _____

Is the property occupied? _____

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:
If self-employed, name of co.:	If self-employed, name of co.:

Description	Monthly Income		Total
	Borrower	Co-Borrower	
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/401K/Keogh Accounts	\$	\$	\$
Stocks/Bonds/CD's	\$	\$	\$
Cash Value of Life Insurance	\$	\$	\$
Other	\$	\$	\$

Totals

\$

\$

\$

Expenses

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

FINAL INSTRUCTIONS:

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

I understand and realize that the financial information being provided will be used by the lender and/or the insurer of the Mortgage to analyze my options with respect to the Mortgage. I further understand and acknowledge that any action taken by the lender and/or the insurer of my Mortgage on my behalf will be made in strict reliance on the financial information I provided herein. I understand by signing this Financial Analysis form authorizes you as the Lender to obtain a credit report.

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge. In the event a third party is designated to assist on my/our behalf, I have included written authorization to the designee to assist on my/our behalf.

 Signature of Borrower

 Date

 Signature of Borrower

 Date