



CDPE HOMEOWNER FINANCIAL WORKSHEET

Borrower Name: [] Co-Borrower Name: []
1st Loan Number: [] 2nd Loan Number: []

INCOME TAKE HOME PAY

Table with columns: DEBTOR, CO-DEBTO, TOTAL. Rows include Primary Job, Part Time Job (net), Retirement-Military, Retirement-Civil Serv., Support/Alimony, Social Security, Room & Board/Rent, and Total Net Income.

How often is Borrower paid? Every Week [] Every 2 Weeks [] Twice A Month [] Once A Month []
How often is Co-Borrower paid? Every Week [] Every 2 Weeks [] Twice A Month [] Once A Month []

EXPENSES

Table with columns: MONTHLY PAYMENT, BALANCE, NAME OF CREDITOR. Rows include Home Mortgage, 2nd Mortgage, Auto loan, Creditor, Student loan, Alimony/Support, Child Care, IRS, CH 13, Electricity, Heating fuel, Water & Sewer, Telephone, Cable TV, Auto Insurance, Health Insurance, Life Insurance.



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Expences(Cont)

Medical/Dental Exp.			
Homeowners Insurance			
Real Estate Tax			
Personal Property Tax			
Groceries			
School Lunches			
Transportation, Parking, Tolls			
Clothing			
Dry cleaning/Laundry			
Cell Phone			
Internet service			
Homeowners Assn. Dues			
Recreation/Spending Money			
Charitable donations			
Total Monthly Expenses:			

A. Total Monthly Income:	\$	\$
B. Total Monthly Expenses:	\$	\$
C. Residual Income:	\$	\$

Balance in 401K: _____ Cash Value of Stocks: _____

Balance in IRA: _____ Other Valuables to be sold: _____

Cash on I-land:

I/We have described my/our financial condition in the enclosed Financial Status Report and certify that all information, as well as all Attachments, is true, accurate and correct to the best of my/our knowledge. I/we understand that submission of this information in no way obligates my lender, servicer, Veterans Affairs, FHNHUD, the investor, the Mortgage Insurers, _____(AGENT) or _____(BROKERAGE) to provide assistance to me or stop the foreclosure process.

I/We hereby authorize my/our lender, servicer, Veterans Affairs, FHAHUD, the investor or the Mortgage Insurers to:

1. Order a credit report from any credit reporting agency.
2. Order a title search from any title agency.
3. Verify the accuracy of the information contained in this Financial Status Report, including without limitation, any current or previous employment information.

I/We agree that I/we will notify the AGENT and BROKERAGE mentioned above, my lender, Veterans Affairs, FHNHUD, the investor, or the Mortgage Insurers immediately of any material change in the financial information that I/We have provided herein. If I/we fail to do so, or if it is determined that the financial information provided herein has been misrepresented by me, and lender, servicer, Veterans Affairs, FHNHUD, the investor or the mortgage insurers makes decisions which would not have been made had the true facts been known, then (1) I shall be liable for all costs (fees) incurred or damages suffered by lender, servicer, Veterans Affairs, FHA/HUD, the investor, the mortgage insurers or AGENT and BROKERAGE above and (2) lender, Servicer, Veterans Affairs, FHNHUD, the investor, the mortgage insurers and/or AGENT shall have the right, in its sole discretion, to terminate any arrangement or agreement that has been extended to me based, in whole or in part, on the inaccurate or incomplete information that I/We have provided.

Borrower Signature: _____ Co-Borrower Signature: _____

Printed Name: _____ Printed Name: _____

Date: _____ Date: _____