

HOUSEHOLD INFORMATION

Number of Adults over 18 _____

Number of Children _____

Ages _____

Household Monthly Income	Gross Income	Net Income	Verification
Homeowner (A) Monthly Income Employer (1)	\$	\$	
Homeowner (A) Monthly Income Employer (2)	\$	\$	
Homeowner (B) Monthly Income Employer (1)	\$	\$	
Homeowner (B) Monthly Income Employer (2)	\$	\$	
Other Employment Income (A)	\$	\$	
Other Employment Income (B)	\$	\$	
Social Security/ SSI / SSDI	\$	\$	
Child or Spousal Support	\$	\$	
Unemployment Compensation	\$	\$	
Workers Disability Compensation	\$	\$	
Veterans Benefits	\$	\$	
Retirement Benefits	\$	\$	
Monies from Rental Properties	\$	\$	
Household Members over 18 Wages	\$	\$	
Food Stamps	\$	\$	
Child care assistance	\$	\$	
Housing assistance	\$	\$	
Other	\$	\$	
Other	\$	\$	
TOTAL HOUSEHOLD INCOME	\$	\$	

MONTHLY SPENDING PLAN

Fixed Monthly Expenses	Current	Delinquency	Adjusted
Housing			
Mortgage(s)			
Homeowner's Association (HOA)			
Transportation			
Car Payment			
Public Transportation			
Parking and Tolls			
Other			
Insurance			
Health (medical and dental not payroll deducted)			
Life			
Disability			
Other			
Childcare			
Childcare or Babysitters			
Child Support			
Alimony			
FIXED EXPENSES SUB-TOTAL			

Periodic Fixed Expenses (Divide annual payments by 12)	Current	Delinquency	Adjusted
Housing			
Homeowners Insurance (if not in mortgage payment)			
Real Estate Taxes (if not in mortgage payment)			
Trash Service			
Other:			
Transportation			
Car Insurance			
Car Inspection			
Car Repairs & Maintenance			
License Plates and Registration Fees			
Other:			
Periodic Fixed Expenses Sub-Total			

Flexible Expenses	Current	Delinquency	Adjusted
Food			
Groceries			
School Lunches			
Work-related (lunches & snacks)			
Other:			
Transportation			
Gas			
Utilities			
Electricity			
Gas (Natural or Propane)			
Water / Sewage			
Trash Service			
Phone: Land line			
Cell Phone			
Long Distance Service			
Housing			
Home Maintenance			
Other:			
Medical			
Doctor			
Dentist			
Prescriptions			
Other:			
Savings			
Savings Account			
College Funds			
Emergency Fund			
Clothing			
Clothing			
Laundry and Dry Cleaning			
Other:			
Education			
Tuition			
Books, Paper & Supplies			
Newspaper & Magazines			
Lessons (sports, dance, music)			
Other:			
Donations			
Religious or Charity			
Other (if not payroll deducted):			

Gifts			
Birthdays			
Major Holidays			
Other:			
Personal			
Barber or Beauty Shop			
Toiletries			
Children's Allowances			
Tobacco Products			
Beer, Wine, Liquor			
Other:			
Entertainment			
Movies, Sporting Events, Theatre, Etc.			
Video Rentals			
Internet Service			
Cable/Satellite TV			
Restaurants / Eating Out			
Gambling or Lottery Tickets			
Fitness or Social Clubs			
Vacations / Trips			
Hobbies or Crafts			
Other:			
Miscellaneous			
Pet Care or Supplies			
Other:			
Flexible Expenses Sub-Total			

Monthly Debts	Current	Delinquency	Adjusted
Student Loan			
Credit Card (monthly minimum) Last 4 digits of card			
Credit Card (monthly minimum) Last 4 digits of card			
Credit Card (monthly minimum) Last 4 digits of card			
Credit Card (monthly minimum) Last 4 digits of card			
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Credit Card (monthly minimum) Last 4 digits of card			
Credit Card (monthly minimum) Last 4 digits of card			
Medical Bills			
Personal Loan (1)			
Personal Loan (2)			
Payday Loan (1)			
Payday Loan (2)			
Rent to Own Contract			
Federal Income Tax Payment Plan			
State Income Tax Payment Plan			
Other:			
Other:			
Monthly Debts Sub-Total			

All of the information that I/We have provided in this worksheet is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this worksheet. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file and no further assistance from the counselor will be provided.

Signature: _____ Date: _____

Signature: _____ Date: _____

Household Assets		
Description	Value/Amount	Amount Owed
Automobile # 1		
Automobile # 2		
Automobile # 3		
Cash on Hand Over \$100		
Checking Account		
Savings Account		
Anticipated Tax Refunds		
Money Market Funds		
Stocks/Bonds/CD's/Annuities, etc.		
IRA/ Keogh Accounts		
Computer / TV / Electronics		
Furniture		
Boats / Jet Skis		
RV / Recreational Homes		
Motorcycles		
Farm Equipment		
Trailers		
Other Property		
Other:		

HOUSEHOLD ASSETS:

Please read below carefully: As head of Household I / We declare that members of my household have no ownership, in full or part, of any assets other than those identified above, the value of which have been disclosed.

Please sign below:

Signature: _____ Date: _____

Signature: _____ Date: _____