## FINANCIAL ASSESSMENT FORM

The information provided will be included in your Home Study and should match your <u>current</u> income and expenses. If your salary is different than what is reported on your most recent tax return please provide a copy of your paycheck and/or have your employer provide a letter verifying your current salary.

Name		Name		
MONTHLY INCOME			MONTHLY INCOME	
List all sources of <b>MONTHLY IN</b>			do not apply should have a \$0 do <u>:ARLY TOTALS!</u>	ollar amount).
Monthly Gross Income			Monthly Gross Income	
Monthly Investment Income			Monthly Investment Income	
Monthly Alimony/Child Support Income			Monthly Alimony/Child Support Income	
Monthly State/Federal Assistance Income			Monthly State/Federal Assistance Incor	ne
Other Monthly Income			Other Monthly Income	
Total Gross Monthly Income	\$	-	Total Gross Monthly Income	\$ -
Total Monthly Net Income (Subtract all deductions taken from gross pay such as payroll taxes, retirement contributions, etc.)			Total Monthly Net Income (Subtract all deductions taken from gross pay such as payroll taxes, retirement contributions, etc.)	
MONTHLY EXPENSES	;		TOTAL AMOUNT PE	R ITEM
*Please note: Do not list items belo	w if they	<mark>are dedu</mark>	cted from your paycheck such a	s health insurance,
life i	<mark>nsurance</mark>	<mark>, retirem</mark> e	ent contributions, etc.	
Rent/Mortgage				
Real Estate Taxes				
Home Owner's Association Dues				
Car Payment(s)				
Utilities (phone, cell, gas, water, electric, inte				
	ernet, cable	<del>)</del>		
Home Owner's/Renter's Insurance	ernet, cable	9)		
Home Owner's/Renter's Insurance Car Insurance	ernet, cable	9)		
	ernet, cable	e) 		
Car Insurance	ernet, cable	÷)		
Car Insurance Union/Professional Dues	ernet, cable	9)		
Car Insurance Union/Professional Dues Alimony and/or Child Support	ernet, cable	)		
Car Insurance Union/Professional Dues Alimony and/or Child Support Food/Groceries	ernet, cable			
Car Insurance Union/Professional Dues Alimony and/or Child Support Food/Groceries Clothing	ernet, cable			
Car Insurance Union/Professional Dues Alimony and/or Child Support Food/Groceries Clothing Family Fun/Entertainment	ernet, cable			

Charge Account/Loan Payments	
Investment/Retirement Contributions	
Religious Contributions	
Average monthly donations to other organizations	
Other:	
Other:	
Other:	
TOTAL MONTHLY EXPENSES	\$0.0
Average monthly checking account balance	
FINA	ANCIAL ASSETS
Value of Residence	
Amount in Savings	
Amount in Investments (Retirement & Other)	
Value of Cars	
Other Assets	
TOTAL ASSETS	\$0.0
FINANC	CIAL INDEBTEDNESS
Mortgage Balance on property owned	
Mortgage Balance on property owned	
Mortgage Balance on property owned	
Loan Balance for Cars	
Credit Card(s) Balance	
All other outstanding loans	
TOTAL LIABILITY	\$0.0
LIFE INSU	PRANCE COVERAGE
Applicant A:	
Applicant B:	
Applicant A Signature	Applicant B Signature
Date	