

FINANCIAL ASSESSMENT FORM

Name(s): _____

Address: _____

List All Sources of Income (Items that do not apply should have a \$0.00 dollar amount).

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

LIST ALL SOURCES OF <u>MONTHLY</u> INCOME		
Applicant A: _____	Applicant B: _____	
Gross Income \$	Gross Income \$	
Investment Income \$	Investment Income \$	
Alimony/Child Support Income \$	Alimony/Child Support Income \$	
State/Federal Assistance Income (SSI, Food Stamps, WIC, etc.) \$	State/Federal Assistance Income (SSI, Food Stamps, WIC, etc.) \$	
Other Income: \$	Other Income: \$	
Total <u>Monthly</u> Income	Gross \$	Net \$
Total <u>Annual</u> Income	Gross \$	Net \$
<u>MONTHLY</u> EXPENSES	TOTAL AMOUNT PER ITEM	
Rent/Mortgage	\$	
Real Estate Tax	\$	
Home Owner's Association Dues	\$	
Car Payment(s)	\$	
Utilities (phone, cell, gas, water, electric, internet, cable)	\$	
Home Owner's/Renter's Insurance	\$	
Car Insurance	\$	
Union/Professional Dues	\$	
Alimony and/or Child Support	\$	
Food/Groceries	\$	
Clothing	\$	
Family Fun/Entertainment	\$	
Medical/Prescription Expenses	\$	
Health Insurance Premiums	\$	
Life Insurance Premiums	\$	

Charge Accounts/Loan Payments	\$
Investment/Retirement Contributions	\$
Religious contributions	\$
Average monthly donations to other organizations	\$
Other:	\$
Other:	\$
Other:	\$
TOTAL MONTHLY EXPENSES	\$
Average monthly checking account balance (over past 12 months)	\$
FINANCIAL ASSETS	
Value of residence	\$
Amount in savings	\$
Amount in investments	\$
Value of cars	\$
Other assets	\$
TOTAL ASSETS	\$
FINANCIAL INDEBTEDNESS	
Mortgage balance due on property owned (list each mortgage separately)	\$
	\$
	\$
Loan balance for motor vehicles	\$
	\$
Credit card debt	\$
Loan balance for all other loans	\$
	\$
	\$
TOTAL FINANCIAL LIABILITY	\$
LIFE INSURANCE COVERAGE	
Applicant A:	\$
Applicant B:	\$

Applicant A Signature

Applicant B Signature

Date

Date