

CDPE HOMEOWNER FINANCIAL WORKSHEET

Borrower Name

Co-Borrower Name

1st Loan Number

2nd Loan Number

INCOME - TAKE HOME PAY

| | DEBTOR | CO-DEBTOR | TOTAL |
|------------------------|--------|-----------|-------|
| Primary Job | | | |
| Misc. Income Overtime | | | |
| Part Time Job (net) | | | |
| Retirement-Military | | | |
| Retirement-Civil Serv. | | | |
| Support/Alimony | | | |
| Social Security | | | |
| Room & Board/Rent | | | |
| 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

| | MONTHLY PAYMENT | BALANCE | NAME OF CREDITOR |
|---------------------|-----------------|---------|---------------------------------|
| Home Mortgage | | | |
| 2nd Mortgage | | | |
| Auto loan | | | |
| Auto loan | | | |
| Creditor | | | |
| Creditor | | | |
| Creditor | | | |
| Creditor | | | |
| Creditor | | | |
| Creditor | | | |
| Student loan | | | |
| Alimony/Support | | | |
| Child Care | | | |
| IRS | | | |
| CH 13 | | | |
| Electricity | | | |
| Heating fuel | | | Oil or Natural Gas |
| Water& Sewer | | | |
| Telephone | | | |
| Cable TV | | | |
| Auto Insurance | | | |
| Health Insurance | | | Paid directly (not by employer) |
| Life Insurance | | | Paid directly (not by employer) |
| Medical/Dental Exp. | | | |

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| | | | |
|--------------------------------|----|----|---|
| Homeowners Insurance | | | Only list here if not in Mortgage Payment |
| Real Estate Tax | | | Only list here if not in Mortgage Payment |
| Personal Property Tax | | | Applies only in some States |
| Groceries | | | |
| School Lunches | | | |
| Transportation, Parking, Tolls | | | |
| Clothing | | | |
| Dry cleaning/Laundry | | | |
| Cell Phone | | | |
| Internet service | | | |
| Homeowners Assn. Dues | | | |
| Recreation/Spending Money | | | |
| Charitable donations | | | |
| Other Expenses | | | |
| 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 Hand: _____ Other Mics. Assets: _____

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, FHA/ HUD, 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, FHA/ HUD, 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, FHA/ HUD, 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, FHA/ HUD, 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, FHA/ HUD, 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

 Date

 Co-Borrower Signature

 Date

 Print Seller's Name

 Print Seller's Name