

Uniform Borrower Assistance Form Expenses Breakdown

Please include all items you are currently responsible for, even if you are not current on those payments

Financial Information Statement	Borrower	Co-Borrower
How many people are in the household? (including yourself)		
INCOME		
Monthly income from Employment		
Frequency of Pay Period		
Monthly Government Benefits and Insurance Income		
Monthly Unemployment Income		
Monthly Rental Income		
Monthly Alimony Income		
Monthly Child Support Income		
Other Monthly Income Please describe other below:		
Total Monthly Income - GROSS		
-Less payroll taxes	-	-
= NET Monthly Income	=	=
HOME EXPENSES - PRIMARY RESIDENCE		
1 ST Lien Monthly Payment		
2 nd Lien Monthly Payment		
Monthly Rent Payment		
Monthly HOA Dues		
Monthly Property Taxes (if not included in mortgage payment)		
Monthly Home Repairs		
Monthly Cable TV		
Monthly Electricity		
Monthly Natural Gas		
Monthly Phone/Internet		
Monthly Sewer/Water		
Other Monthly Home Expenses Please describe other below:		
Total Monthly Home Expenses		

HOME EXPENSES - 2ND HOME		
1 st Lien Monthly Payment		
2 nd Lien Monthly Payment		
Monthly Rent Payment		
Monthly HOA Dues		
Monthly Property Taxes (if not included in mortgage payment)		
Monthly Home Repairs		
Monthly Cable TV		
Monthly Electricity		
Monthly Natural Gas		
Monthly Phone/Internet		
Monthly Sewer/Water		
Other Monthly Home Expenses Please describe other below:		
Total Monthly Home Expenses		
MONTHLY FAMILY EXPENSES		
Monthly Auto Maintenance/Gas		
Monthly Food		
Monthly Medical/Dental (out of pocket costs, not insurance premium)		
Monthly Alimony Paid		
Monthly Child Support Paid		
Monthly Child Care		
Monthly Entertainment		
Monthly School Tuition		
Other Monthly Family Expenses Please describe other below:		
Total Monthly Family Expenses		
WORK EXPENSES		
Monthly Dry Cleaning		
Monthly Parking		
Monthly Union Dues		
Other Monthly Work Expenses Please describe other below:		
Total Monthly Work Expenses		

INSURANCE		
Monthly Auto Insurance		
Monthly Health/Dental Premium		
Monthly Life Insurance		
Other Monthly Insurance Please describe other below:		
Total Monthly Insurance		
DEBT-AUTO		
Monthly Auto Payments1		
Monthly Auto Payments 2		
Total Monthly Auto Payments		
DEBT-CREDIT CARD		
Monthly Credit Card Payment 1		
Monthly Credit Card Payment 2		
Monthly Credit Card Payment 3		
Monthly Credit Card Payment 4		
Total Monthly Credit Card Payments		
TOTAL EXPENSES		
NET INCOME		
- TOTAL EXPENSES	-	
=	=	
ASSETS	VALUE	AMOUNT OWED
Property 1		
Property 2		
401K Accounts		
Automobiles		
Checking Accounts		
Savings Accounts		
IRA/Keogh Accounts		
Stocks/Bonds		
Motor Home/Travel Trailer		
Other Recreational Vehicles		
Other Real Estate		
Other Assets Please describe other below:		

Borrower Signature _____ Date _____

Co-Borrower Signature _____ Date _____