

Borrower's Monthly Expenses

Name _____ Loan No. _____ Date _____

Home _____ Cell _____ Best Time to Contact _____

E-Mail _____

E-Mail address may be used to provide you with documentation throughout the modification process.

Description		Monthly Payment	Balance Due	# of months behind
Housing Loans	1 st Mortgage			
	2 nd Mortgage			
Housing Expense	Property Taxes			
	Homeowners Insurance			
	HOA Fees			
Other Loans	#1			
	#2			
	Car 1			
	Car 2			
Credit Cards	#1			
	#2			
	#3			
	#4			
Utilities	Gas/Electricity			
	Water/Sewer			
	Cable TV			
	Telephone/Cell			
Medical Expenses	Health Insurance <i>(if you pay)</i>			
	Life Insurance <i>(if you pay)</i>			
	Doctor/Dentist Bills			
	Prescriptions			
	Hospital Bills			
Car Expenses	Gasoline			
	Auto Insurance			
	Parking			
	Maintenance			
Food	Family at Home			
	School Lunches			
	Work Lunches			
Clothing	New Clothes/Shoes			
	Dry Cleaning			
Entertainment	Movies/Dining Out			
	Vacations			
	Spending Money			
Other	Church			
	Clubs or Union Dues			
	Sports/Hobbies			
Other <i>(Please List)</i>				
Total				