

Financial Worksheet for Loan Modification

Borrower Name _____		Social Security # XXX-XX-	
Co-Borrower Name _____		Social Security # XXX-XX-	
Property Address _____	City _____	State _____	Zip _____
Mailing Address _____	City _____	State _____	Zip _____
Home Phone _____	Work Phone _____	Cell _____	Fax _____
Best time to Call _____		Email _____	
Borrower Employer _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired			
Occupant Employer _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired			
Borrower Income Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			
Additional Occupants Income Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly			
Mortgage Company Name: 1 st _____		2 nd _____	
Loan Number 1 st _____		2 nd _____	

Income		Borrower Income		Occupant Income		Assets / Liabilities		
	Gross	Net	Gross	Net	Description	Value	Owe	Net
Income					Auto			
Disability					Checking/Saving			
Rental					IRA			
Unemployment					401K			
Child Support					Stocks/Bond/CDs			
Other					Other			
Total					Total			
Household Liabilities and Expenses								
	Expenses	Payments	Balance Due		Expenses	Payments	Balance Due	
Alimony Child Support					Clothing			
Auto Expense(gas repairs)					Dry Cleaning			
Child Care/Elder Care					Monthly Parking			
Entertainment					Club or Union Dues			
Education					School or Work Lunch Cost			
Medical					HOA Dues / condo dues			
Pets					Food/groceries			
Spending Money					Dining Out			
Ch 13 Plan pmt					Auto Loan			
Auto Insurance					Credit Cards			
Health Insurance					Installment Loans			
Life Insurance					Mortgage Payment			
Hospital					2 nd Loan Payment			
Prescriptions					Property Tax & Insurance			
Cable					Personal Loans			
Electricity					Other Secured Debts			
Gas					Other Unsecured Debts			
Phone/Cell/Internet					Other			
Water/Sewage					Total Expense / Debts			

Debtor signature: _____
Date signed: _____

Co-Debtor signature: _____
Date signed: _____