

Financial Worksheet

Homeowner #1

Homeowner #2

Employment Status (Check One):

Employed
 Unemployed Not Working
 Self-Employed

Employed
 Unemployed Not Working
 Self-Employed

HOUSEHOLD INCOME (MONTHLY)

Monthly income after Taxes & benefits are deducted:	\$ _____	\$ _____
Disability:	\$ _____	\$ _____
Rental Income:	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____
Child Support/Alimony:	\$ _____	\$ _____
Other _____:	\$ _____	\$ _____
Other _____:	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____

HOUSEHOLD EXPENSES (MONTHLY)

	Monthly Payment
Current Mortgage:	\$ _____
Property Taxes:	_____
Property Insurance:	_____
Home Owners Insurance (HOA):	_____
Other Mortgage:	\$ _____
Auto Loan Payments: Balance	\$ _____
Vehicle #1 \$ _____	\$ _____
Vehicle #2 \$ _____	\$ _____
Vehicle #3 \$ _____	\$ _____
Average Monthly Fuel Cost	\$ _____
Average Monthly Maintenance Cost	\$ _____
Credit	Balance Monthly Payment
Card #1 \$ _____	\$ _____
Card #2 \$ _____	\$ _____
Card #3 \$ _____	\$ _____
Other Loans	\$ _____
Insurance	\$ _____
Life Insurance	\$ _____
Car Insurance	\$ _____
Medical Insurance	\$ _____
Child Care:	\$ _____

Child Support / Alimony:	\$ _____
Spending Money / Other	\$ _____
Utilities	\$ _____
Water:	\$ _____
Sewer:	\$ _____
Gas	\$ _____
Electric:	\$ _____
Internet	\$ _____
Cable:	\$ _____
Home Phone:	\$ _____
Mobile Phone:	\$ _____
Groceries	\$ _____
Household Supplies	\$ _____
TOTAL EXPENSES	\$ _____

ASSETS AND INVESTMENTS

Money Market	\$ _____
CD's	\$ _____
Stocks	\$ _____
Bonds	\$ _____
Vested Retirement Balances	\$ _____
401K	\$ _____
403B	\$ _____
IRA	\$ _____
Keogh	\$ _____
Other	\$ _____
Savings Account	
Account #1	\$ _____
Account #2	\$ _____
Account #3	\$ _____
Checking Account	
Account #1	\$ _____
Account #2	\$ _____
Account #3	\$ _____
TOTAL ASSETS	\$ _____

Client Name: _____ Signature: _____ Date: _____

Client Name: _____ Signature: _____ Date: _____