

Name: _____

Loan#: _____

Monthly Gross Income	
Borrower	
Co-Borrower	
Other	
Other	
Other	
Other	
Other	
Total Gross	

Monthly Net Income	
Borrower	
Co-Borrower	
Other	
Other	
Other	
Other	
Other	
Total Net Income	

Monthly Expenses			
1st Mortgage		Credit Card #1 min payment	
2nd Mortgage / Contract for Deed		Credit Card # 2 min payment	
Property Taxes (if not included in mtg)		Credit Card # 3 min payment	
Association Dues		Student Loan	
Home Insurance (if not included in mtg)		Installment/Personal Loan	
Heat/Gas		Taxes State or Federal (past due)	
Electric		Work Related Expenses	
Telephone		School Lunches	
Cable + Internet		Educational Expenses	
Cell Phone		Pet Food /Vet Care/ Grooming	
Water/Sewer		Dry Cleaning	
Trash		Household + Personal Care	
Home Repairs and Maintenance		Clothing	
Food and Groceries		Beauty Shop/Barber	
Automobile Payment		Gifts/Presents	
Gasoline for Automobile		Entertainment/Eating Out	
Automobile Insurance		Financial Donation/Tithings	
Automobile Repairs and Maintenance		Cigarettes/Alcohol	
Life Insurance		Monthly contribution to savings	
Bus Fare		Doctor/ Dentist/ Rx/ Glasses	
Alimony/Child Support		Insurance (Life, Health)	
Child Care		Other _____	

Total Expense

Household Balance

Debt & Housing to Income Ratio

Front End DTI

Back End DTI

The above is an accurate reflection of my household's income and expenses. It is understood that my failure to follow this spending plan may result in an unfavorable decision from my lender.

Client Signature _____ Date _____

Client Signature _____ Date _____

Counselor verified budget with homeowner on _____.

Counselor Signature _____ Date _____