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FINANCIAL BUDGET

NET MONTHLY AMOUNT

EXPENSES	MONTHLY	BALANCE
Mortgage		
Property Taxes		
Utilities -Investment		
Other Mortgages		
Water		
Sewer		
Trash Removal		
Automobile		
Other Automobile		
Auto Insurance		
Gasoline		
Heating		
Electricity		
Phone		
Cell Phone		
Cable TV/Internet		
Movies/Videos/Books		
Credit Cards		
Other loans		
Dues/Memberships		
by insurance)		
Life Insurance		
Child Care- allowance		
Alimony/ Child Support		
Tuition		
Food/Groceries		
Clothing		
Laundry/ Dry Cleaning		
Other Expenses		
Total:	\$ -	\$ -

INCOME	APPLICANT	CO-APPLICANT
Salary		
Overtime		
Commission/Tips		
Bonus		
Interest/Dividends		
Alimony		
Child Support		
Disability		
Pension		
Rental		
Unemployment		
Other Income		

Assests		
Checking		
Savings		
401K		

Total Income		\$ -
Total Expenses		
Surplus/ Deficit	\$ -	

I/We agree that the financial information provided is an accurate statement of my financial status. I understand and acknowledge that any action taken by the lender(s) and The Law Offices of Glenn J. Andreoni, Inc. is in strict reliance on the financial information provided herein. My signature(s) below grants the holder(s) of my mortgage and The Law Offices of Glenn J. Andreoni, Inc., the authority to confirm the information that I have disclosed in this financial worksheet.

Homeowner signature _____ date _____

Homeowner signature _____ date _____