



## OTHER INFORMATION

(Please Print)

Home/Property:

Rent

Own

Property Value

\$ \_\_\_\_\_ (current market value)

Mortgage Company Name: \_\_\_\_\_

\$ \_\_\_\_\_

Mortgage Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Balance Owed

Contact: \_\_\_\_\_

Loan Type:

Conventional

FHA

Other

Account # \_\_\_\_\_

Equity Loan or Second Mortgage Company: \_\_\_\_\_ \$ \_\_\_\_\_

Second Mortgage Company Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Balance Owed

Contact: \_\_\_\_\_

Are you delinquent on your mortgage(s)?

Yes

No

If yes, how many months? \_\_\_\_\_

Assets or Equity:

Checking Account Balance: \_\_\_\_\_ Annual Tax Refund: \_\_\_\_\_ Retirement Accts.: \_\_\_\_\_

Savings Account Balance: \_\_\_\_\_ Mutual Funds Value: \_\_\_\_\_ Other Assets: \_\_\_\_\_

Certificates of Deposit: \_\_\_\_\_ Stocks/Bonds Value: \_\_\_\_\_

Auto(s), Motorcycle, RV, Other

| Year/Type | Current Value | Payment Balance |
|-----------|---------------|-----------------|
|           |               |                 |

| Year/Type | Current Value | Payment Balance |
|-----------|---------------|-----------------|
|           |               |                 |

Value of Household Goods

Furniture \_\_\_\_\_ Jewelry \_\_\_\_\_ Computers/Electronics \_\_\_\_\_ TVs \_\_\_\_\_ Tools \_\_\_\_\_ Other \_\_\_\_\_

## Income Information

(Please Print)

**Employment Status of Applicant:**

Unemployed

Full Time

Part Time

Retired

Homemaker

Applicant's Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Occupation: \_\_\_\_\_ Start Date: \_\_\_\_\_

Number of Pays Monthly: \_\_\_\_\_ Monthly Gross Amt: \$ \_\_\_\_\_ Monthly Net Amt: \$ \_\_\_\_\_

**Employment Status of Spouse/Partner:**

Unemployed

Full Time

Part Time

Retired

Homemaker

Spouse/Partner's Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Spouse/Partner's Occupation: \_\_\_\_\_ Start Date: \_\_\_\_\_

Number of Pays Monthly: \_\_\_\_\_ Monthly Gross Amt: \$ \_\_\_\_\_ Monthly Net Amt: \$ \_\_\_\_\_

Additional Income Per Month:

Retirement/Pension \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Other (List amount & type) \$ \_\_\_\_\_

**Total Monthly Income:** \$ \_\_\_\_\_

**Total Annual Income:** \$ \_\_\_\_\_

List amount and reason for any payroll deductions: \$ \_\_\_\_\_

**Creditor Information**

(Please copy form if needed)

|               | Creditor Name/Account # | Purpose<br>(credit card,<br>loan, med) | Balance<br>\$ | Mthly<br>Pmt | Current<br>Rate<br>(APR) | Office Use Only |          |         |
|---------------|-------------------------|--|---------------|--------------|--------------------------|-----------------|----------|---------|
|               |                         |  |               |              |                          | New APR         | L/O Fees | CCS Pmt |
| 1             |                         |  |               |              |                          |                 |          |         |
| 2             |                         |  |               |              |                          |                 |          |         |
| 3             |                         |  |               |              |                          |                 |          |         |
| 4             |                         |  |               |              |                          |                 |          |         |
| 5             |                         |  |               |              |                          |                 |          |         |
| 6             |                         |  |               |              |                          |                 |          |         |
| 7             |                         |  |               |              |                          |                 |          |         |
| 8             |                         |  |               |              |                          |                 |          |         |
| 9             |                         |  |               |              |                          |                 |          |         |
| 10            |                         |  |               |              |                          |                 |          |         |
| 11            |                         |  |               |              |                          |                 |          |         |
| 12            |                         |  |               |              |                          |                 |          |         |
| 13            |                         |  |               |              |                          |                 |          |         |
| 14            |                         |  |               |              |                          |                 |          |         |
| 15            |                         |  |               |              |                          |                 |          |         |
| 16            |                         |  |               |              |                          |                 |          |         |
| 17            |                         |  |               |              |                          |                 |          |         |
| 18            |                         |  |               |              |                          |                 |          |         |
| 19            |                         |  |               |              |                          |                 |          |         |
| 20            |                         |  |               |              |                          |                 |          |         |
| <b>Totals</b> |                         |  |               |              |                          |                 |          |         |

**Comments or Additional Information** \_\_\_\_\_  
 \_\_\_\_\_

**MONTHLY LIVING EXPENSES**

|  | Clients<br>Payments | CCS<br>Use |
|--|---------------------|------------|
| <b>HOUSINGS:</b>                                       |                     |            |
| Rent or Mortgage Payment                               | _____               | _____      |
| Second Mortgage  | _____               | _____      |
| Lot Rent/Condo Fee                                     | _____               | _____      |
| Real Estate Taxes (if separately)                      | _____               | _____      |
| Real Estate Insurance (if separately)                  | _____               | _____      |
| Gas & Electric   | _____               | _____      |
| Oil  | _____               | _____      |
| Water/Sewage/Trash                                     | _____               | _____      |
| Phone (including long distance,<br>local, cell, pager) | _____               | _____      |
| Home Maintenance                                       | _____               | _____      |
| Home Security  | _____               | _____      |
| <b>Total</b>   | _____               | _____      |
| <b>FOOD:</b>   |                     |            |
| Groceries<br>(including paper goods)                   | _____               | _____      |
| Meals<br>(away from home)                              | _____               | _____      |
| <b>Total</b>   | _____               | _____      |
| <b>CLOTHING:</b>                                       |                     |            |
| New Purchases  | _____               | _____      |
| Laundry & Dry Cleaning                                 | _____               | _____      |
| <b>Total</b>   | _____               | _____      |
| <b>TRANSPORTATION:</b>                                 |                     |            |
| Auto Payments  | _____               | _____      |
| Auto Insurance   | _____               | _____      |
| Auto Maintenance                                       | _____               | _____      |
| Operating Expenses (Gas)                               | _____               | _____      |
| Tags & AIM Test  | _____               | _____      |
| Other Transportation                                   | _____               | _____      |
| <b>Total</b>   | _____               | _____      |
| <b>INSURANCE PREMIUM:</b>                              |                     |            |
| Life & Health  | _____               | _____      |
| Renters  | _____               | _____      |
| <b>Total</b>   | _____               | _____      |
| <b>DEPENDENT CARE:</b>                                 |                     |            |
| Day Care/Babysitting                                   | _____               | _____      |
| Child Support  | _____               | _____      |
| Spousal Support  | _____               | _____      |
| <b>Total</b>   | _____               | _____      |
| <b>HEALTH: (co-pay)</b>                                |                     |            |
| Medical  | _____               | _____      |
| Dental   | _____               | _____      |
| Prescriptions  | _____               | _____      |
| Eye Care   | _____               | _____      |
| <b>Total</b>   | _____               | _____      |

|   | Clients<br>Payments          | CCS<br>Use          |
|---|------------------------------|---------------------|
| <b>PERSONAL CARE:</b>                       |                              |                     |
| Hair Cuts                                   | _____                        | _____               |
| Personal Care Items                         | _____                        | _____               |
| <b>Total</b>                                | _____                        | _____               |
| <b>EDUCATION:</b>                           |                              |                     |
| School-Fees, Lunch, Activities              | _____                        | _____               |
| Tuition                                     | _____                        | _____               |
| Newspaper, Books, Magazines                 | _____                        | _____               |
| Student Loans                               | _____                        | _____               |
| <b>Total</b>                                | _____                        | _____               |
| <b>ENTERTAINMENT:</b>                       |                              |                     |
| Recreation, Vacations                       | _____                        | _____               |
| Allowances                                  | _____                        | _____               |
| Cable                                       | _____                        | _____               |
| Internet Access                             | _____                        | _____               |
| Hobbies, Sports, Movies                     | _____                        | _____               |
| Lottery, Bingo                              | _____                        | _____               |
| Tobacco, Alcohol                            | _____                        | _____               |
| Pets  | _____                        | _____               |
| <b>Total</b>                                | _____                        | _____               |
| <b>TAXES (delinquent)</b>                   |                              |                     |
| City  | _____                        | _____               |
| State                                       | _____                        | _____               |
| Federal                                     | _____                        | _____               |
| <b>Total</b>                                | _____                        | _____               |
| <b>CONTRIBUTIONS:</b>                       |                              |                     |
| Church                                      | _____                        | _____               |
| Gifts (Christmas, Birthdays)                | _____                        | _____               |
| <b>Total</b>                                | _____                        | _____               |
| <b>OTHER:</b>                               |                              |                     |
| <b>Total</b>                                | _____                        | _____               |
| <b>SAVINGS:</b>                             |                              |                     |
| <b>Total</b>                                | _____                        | _____               |
| <b>TOTAL MONTHLY LIVING EXPENSES:</b> _____ |                              |                     |
| <b>NET INCOME</b>                           |                              |                     |
|   | <b>Take home pay monthly</b> | <b>CCS Verified</b> |
| + His                                       | _____                        | _____               |
| + Hers                                      | _____                        | _____               |
| +Other                                      | _____                        | _____               |
| = Total                                     | _____                        | _____               |
| - Fixed Living Expenses                     | _____                        |                     |
| = Subtotal                                  | _____                        |                     |
| - Creditors Total                           | _____                        |                     |
| = Shortage/Surplus                          | _____                        |                     |
| <b>ESTIMATED DURATION:</b> _____            |                              |                     |

**If shortage, I/we plan to make this up by:** \_\_\_\_\_