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Taxpayer:	Occupation:	DOB:		
Spouse:	Occupation:	DOB:		
Address:	City:	County:	State/Region:	
Family of:	# of Cars:	Marital Status:		
Dependents:				
Name	DOB	SSN	Relationship	Months in home

IMPORTANT DOCUMENTS TO BE SUBMITTED ASAP:

BANK STATEMENTS FOR PAST 3 MONTHS (ALL CHECKING, SAVINGS, ETC.)
PAY STUBS (3-4 PAY PERIODS)
ALL INCOME STATEMENTS (SOCIAL SECURITY BENEFITS STATEMENT, PENSION STATEMENT, ETC)
ALL INVESTMENT ACCOUNTS

PROPERTIES:

Description:	Purchase/Lease Date	Current FMV	Loan Balance	Monthly Payment	Date of Final Payment	Equity
Address:						
Description:	Purchase/Lease Date	Current FMV	Loan Balance	Monthly Payment	Date of Final Payment	Equity
Address:						

PERSONAL VEHICLES:

Year:	Make/Model	Current FMV	Loan Balance	Monthly Payment	Date of Final Payment	Equity
Purchase/Lease Date:						
Year:						
Purchase/Lease Date:						

Food, Clothing and Misc.			Total	
<u>NATIONAL STANDARDS VARIES BY FAMILY SIZE</u>				
Clothing and Clothing Services				
Clothing				
Cleaning - Laundry				
Food				
Food at Home				
Lunches				
Housekeeping Supplies				
Personal Care Products and Services				
Haircutting				
Personal Hygiene and Cosmetics				
Miscellaneous (we need substantiation or explanation of items listed as Miscellaneous)				
<u>Total</u>			0.00	
<u>Vehicle Ownership Costs NATIONAL STANDARDS</u>				
Monthly Payment	add year, make & model of car			
Monthly Payment	add year, make & model of car			
Total			0.00	
<u>Vehicle Operating Costs VARIES BY CITY & REGION</u>				
Gas				
Inspection				
Insurance				
Lubrication				
Registration				
Repairs				
Toll Charges				
<u>Total</u>			0.00	
<u>Public Transportation NATIONAL STANDARDS</u>			0.00	
<u>Housing and Utilities VARIES BY STATE AND COUNTY</u>				
Housing				
Exterminator				
Home - Cleaning Supplies				
Home - Furnishings				
Home - Insurance				
Home - Mortgage Pmt.				
Home - Rent				
Home- H.O.A				

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Home - Lawn Care			
Home - Repairs			
Home - Security			
Taxes - Home			
Utilities			
Electric			
Cable TV			
Gas			
Phone			
Water			

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Total 0.00

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Health Insurance NATIONAL STANDARDS

Health Insurance Premiums			
Out-of-Pocket Health Care Costs Under 65 (please fill in only if paid monthly as out of pocket & not deducted from pay check)			
65 older			
Dentist			
Eye Doctor			
Eyeglasses			
Medicine			
Regular checkup			

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Total 0.00

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<u>Other</u>			
Child/dependent Care			
Estimated tax payments			
Term Life Insurance			
Retirement (employer required or mandatory)			
Retirement (voluntary)			
Court ordered payments (documentation required)			
Profit and loss statement (net income)			

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Total 0.00

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Taxes (Only if 1099 employee and not taken out of pay check) 0.00

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<u>Other Expenses</u>			
State Monthly Installment Payment (attach letter if available)			
Bank Charges (this is not bank loan or credit card payments)			
Contributions - Religious			
Contributions - Other			
Postage			

Taxes - Personal Property (please detail)		
Total		0.00
TOTAL LIVING EXPENSES		0.00

PLEASE LIST ALL SOURCES OF INCOME AND PROVIDE DOCUMENTATIONS

MONTHLY NET AMOUNT	TYPE (Wage/1099) & FREQUENCY (Weekly, Bi-Weekly, Monthly, Semi-monthly, Other)
TOTAL	\$ -

DISPOSABLE INCOME \$ -

TOTAL DISPOSABLE INCOME \$ -

DO NOT CALCULATE THE TOTAL IF FILLING OUT MANUALLY, WE WILL CALCULATE FOR YOU
 Note 1 - We might edit your expenses as needed based on IRS National Standards
 Note 2 - The line numbers in this exhibit correspond with the line numbers on Form 433-F.