In order to carefully review your present financial program, we request the completion of the budget estimates indicated below. The budget of income and expenses should present a detailed explanation of your current finances. Please complete sections below. THANK YOU

INCOME

Job or Source of Income:	Name, Address, Phone _____ _____ _____ _____ _____ _____	Spouse Job or Source of Income	Name, Address, Phone _____ _____ _____ _____ _____ _____
Borrower Gross Pay Each Month	Please attach proof (pay stub,award letter,etc.)	Spouse Gross Pay Each Month	Please attach proof (pay stub,award letter,etc.)
Name of your bank:		Name of your bank:	
Savings		Savings	
Checking		Checking	
			TOTAL

MONTHLY EXPENSES

Housing (circle one)	Rent Buy			Total $	
Utilities	Gas and/or Electricity:	Phone:	Water/Sewer/ Garbage:	Cable:	$
Food					$
Insurance (Home,Life,Car,Health)					$
Clothing	(includes purchase, mending, dry cleaning):				$
Transportation	Public:	Auto (include gas, repairs):			$
Medical	Current Expenses:				$
Dental	Current Expenses:				$
Children	Child Support:	Childcare:			$
Recreation:					$
Total Payments:					$

OTHER EXPENSES

Creditor (include Student Loans, Credit Cards, Personal Loans)	Date Opened	Monthly Payment	Balance Owing	Reason For Loan