

# FINANCIAL WORKSHEET

Name(s): \_\_\_\_\_

# in Household: \_\_\_\_\_

**Income:**

	Monthly Gross	Monthly Net	Source
Income 1	\$ _____	\$ _____	_____
Income 2	\$ _____	\$ _____	_____
Income 3	\$ _____	\$ _____	_____
Income 4	\$ _____	\$ _____	_____
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>	

**Expenses:**

	Monthly Payments
Mortgage/Rent	\$ _____
2nd Mortgage	\$ _____
Monthly Property Taxes	\$ _____
Home/Rental Insurance	\$ _____
HOA fee	\$ _____
Cell Phone	\$ _____
Other Phone	\$ _____
Cable/Internet	\$ _____
Electric	\$ _____
Gas	\$ _____
Water	\$ _____
Trash	\$ _____
Monthly Food Costs	\$ _____
Car Payment	\$ _____
Car Insurance	\$ _____
Car Gasoline	\$ _____
Daycare	\$ _____
Child Support	\$ _____
Health Insurance	\$ _____
Medical/Dental	\$ _____
Monthly Prescription	\$ _____
Life Insurance	\$ _____
Other	\$ _____
Other	\$ _____

**SUMMARY**

Assets:	Estimated Value:
Checking Accounts	\$ _____
Savings Accounts	\$ _____
Retirement	\$ _____
Other	\$ _____
<b>Total Assets</b>	<b>\$ _____</b>

Total Expenses	\$ _____
Net Monthly Income - Total Monthly Expenses =	
\$ _____	Surplus/(Deficit)

**Credit Cards/Other Creditors:**

Creditor Name	Monthly Payment	Unpaid Balance
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

By signing below, I/We certify that the information and documentation provided is true and correct to the best of my/our knowledge.

\_\_\_\_\_  
Signature Print Name Date

\_\_\_\_\_  
Signature Print Name Date