		National	Mortg	age Med	iators			
and the second state of th		Homeow	ner's Fin	ancial State	ement			
Homeowner Information				Co-homeowner Information				
Name:								
Social Security No.:		-		,				
Mailing Address:			the street of the street of the street					
City, State, Zip								
No. of Occupants:	No. of Dependents:			No. of Dependents:				
Employer:		Years: Months:		Years: Mont			iths:	
Occupation:								
Property Address:								
Do you currently reside in the		() No () If no, w	hen did yo	ou last occupy	the property? (n	non/date/yr)	1 1	
Is this property a rental: Yes			The second secon		ed for sale? Yes		7 () 01-14	2 ()
Have you filed bankruptcy? `	res () No (Chpt 13		Yes () No () If Yes: Chpt		
Filing Date:		/ /	month/date	e/year)		1 1	(month/da	(e/year)
Monthly	Homeowner	Income	1		Monthly (Co-homeowne	r Income	
Gross	\$ Gross			\$				
Net Pay				Net Pay				
Overtime		\$ Overtime					\$	
Commissions/Bonus		\$ Commissions				\$		
Child Support/Alimony		\$ Child Support				\$		
Social Security/Disability		\$ Social Secur				\$		
Unemployment Income		\$ Unemploym				\$		
Other Income		\$ Other Income				\$		
Total		\$ Total				\$		
				ets				
		Account No.				Estimated Value		
Home						\$		
Other Real Estate						\$		
Checking						\$ \$		
Savings						\$		
CD's/Money Market Accounts		\$						
Stocks/Bonds/Mutual Funds						\$		
401k/ESOP						\$		
IRA/Keogh Accounts				***************************************	Total	-		
	ì				Total	l v		
			Monthly	Expenses				
		Payment	t	Ва	lance			Payment
1st Mortgage	\$		\$		Auto Insurance		\$	
2nd Mortgage		\$		\$	Hea		Health Insurance	
Rent/Other Mortgage		\$		\$			Life Insurance	
Taxes & insurance (if NOT escrowed)		\$		\$	Groceries		letries	\$
Homeowner Association (if appicable)		\$			Car (gas, m		nt., etc.)	\$
Alimony/Child Support				\$		Doctor/Medical Bills		\$
Child/Dependent/Elderly Care				\$			Pet Expenses	
Auto Loan 1		<u> </u>		\$	Entertainm		t	\$
Auto Loan 2		\$					Tuition	
Personal Loan		<u> </u>		\$	Electricity			\$
Student Loan		\$			Natural Gas/Oil			\$
Credit Card 1		\$			Cable TV/Satellite			\$
Credit Card 2		\$			Telephone/Cell Phone		\$	
Credit Card 3		\$			Water/Sewer		\$	
Credit Card 4		\$ \$			Internet			\$
Credit Card 5		\$	\$			Other (spending money,		\$
Other Cards \$				\$		lunch money, tithing, etc.)		\$
Total		\$		\$	1		7	19
Each of the undersigned by statement of my (our) finance (our) mortgage loan will be no of my (our) mortgage loan of	al condition. I	(we) understand an	d acknowle	edge that any mation provide	action taken by ted. By signing b	the lender with elow, I (we) gra	regard to my ant the holder	,
								1

Co-homeowner Signature

Homeowner Signature