



Confidential Cash Flow Check Up

Primary Applicant

First Name _____ Last Name _____ M.I. _____
 Work Phone: _____ Home Ph. _____ Fax: _____

Co-Applicant

First Name: _____ Last Name _____ M.I. _____
 Work Phone: _____ Home Ph. _____ Fax: _____

Home Address

Street/ Apt. No. _____ Email: _____
 City: _____ Stat _____ Zip: _____ # in family _____

Monthly Income

	Gross	Net	Additional
Applicant	\$ _____	\$ _____	\$ _____
Co-Applicant	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	
Total (Take Home) Monthly Income			\$ _____

Housing Expense

	Current Balance	Monthly Principal/Interest	Mo. Tax Insurance
First Mortgage	\$ _____	\$ _____	\$ _____
Second Mortgage	\$ _____		
	Rent	\$ _____	
Total Monthly Housing Expense			\$ _____

Monthly Living Expenses

Utilities	\$ _____
Telephone	\$ _____
Groceries	\$ _____
Entertainment	\$ _____
Cable/Satellite T.V.	\$ _____
Clothing	\$ _____
Insurance	\$ _____
Fuel (vehicles)	\$ _____
Internet Service	\$ _____
Child Care	\$ _____
Lawn Care/Security	\$ _____
Barber/Nails/Stylist	\$ _____
Donations /Tithes	\$ _____
Legal Obligations	\$ _____
Prescriptions	\$ _____
Other (Specify)	\$ _____
TOTAL	\$ _____

Assets

Savings Account	Investments	Other Cash Value	Total
\$ _____	\$ _____	\$ _____	\$ _____

Secured Debts (Auto, Student loans, Installment loans, etc.)					Unsecured Debts (Credit Cards, medical, personal, etc.)						
Creditor	Balance Owed	Interest Rate	Minimum Payment	Current? Yes/No	Creditor	Balance Owed	Interest Rate	Minimum Payment	Current? Yes/No		
TOTALS- Balance		\$ _____	Pmts.		\$ _____	TOTALS - Balance		\$ _____	Pmts.		\$ _____

Special Needs and Circumstances (Please Explain):