





# CDPE HOMEOWNER FINANCIAL WORKSHEET

Homeowners Insurance			Only list here if not in Mortgage Payment
Real Estate Tax			Only list here if not in Mortgage Payment
Personal Property Tax			Applies only in some States
Groceries			
School Lunches			
Transportation, Parking, Tolls			
Clothing			
Dry cleaning/Laundry			
Cell Phone			
Internet service			
Homeowners Assn. Dues			
Recreation/Spending Money			
Charitable donations			
Total Monthly Expenses:	\$	\$	

A. Total Monthly Income:	\$	\$
B. Total Monthly Expenses:	\$	\$
C. Residual Income	\$	\$

Balance in 401K: \_\_\_\_\_ Cash Value of Stocks: \_\_\_\_\_  
 Balance in IRA: \_\_\_\_\_ Other Valuables to be sold: \_\_\_\_\_  
 Cash on Hand: \_\_\_\_\_

I/We have described my/our financial condition in the enclosed Financial Status Report and certify that all information, as well as all Attachments, is true, accurate and correct to the best of my/our knowledge. I/we understand that submission of this information in no way obligates my lender, servicer, Veterans Affairs, FHA/HUD, the investor, the Mortgage Insurers, \_\_\_\_\_ (AGENT) or \_\_\_\_\_ (BROKERAGE) to provide assistance to me or stop the foreclosure process.

I/We hereby authorize my/our lender, servicer, Veterans Affairs, FHA/HUD, the investor or the Mortgage Insurers to:

1. Order a credit report from any credit reporting agency.
2. Order a title search from any title agency.
3. Verify the accuracy of the information contained in this Financial Status Report, including without limitation, any current or previous employment information.

I/We agree that I/we will notify the AGENT and BROKERAGE mentioned above, my lender, Veterans Affairs, FHA/HUD, the investor, or the Mortgage Insurers immediately of any material change in the financial information that I/We have provided herein. If I/we fail to do so, or if it is determined that the financial information provided herein has been misrepresented by me, and lender, servicer, Veterans Affairs, FHA/HUD, the investor or the mortgage insurers makes decisions which would not have been made had the true facts been known, then (1) I shall be liable for all costs (fees) incurred or damages suffered by lender, servicer, Veterans Affairs, FHA/HUD, the investor, the mortgage insurers or AGENT and BROKERAGE above and (2) lender, Servicer, Veterans Affairs, FHA/HUD, the investor, the mortgage insurers and/or AGENT shall have the right, in its sole discretion, to terminate any arrangement or agreement that has been extended to me based, in whole or in part, on the inaccurate or incomplete information that I/We have provided.

Borrower Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Co-Borrower Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_