

Main Office:
3963 Three Mile Road
Traverse City, MI 49686

phone (231) 947-3780
(800) 632-7334
fax (231) 947-4935

Satellite Office:
2240 Mitchell Park, Suite A
Petoskey MI 49770

(231) 347-9070
(800) 443-5518
fax (231) 347-3664

Satellite Office:
1640 Marty Paul Dr.
Cadillac MI 49601

(231) 775-9781
(800) 443-2297
fax (231) 775-1448



Appointment Date and Time: _____

Appointment is with: _____

Appointment Checklist

Please complete the enclosed forms and make copies of the items listed below. Submit these items to us via mail, fax, email, or drop off to the nearest office. Once received, a member of our team will reach out to schedule your appointment. Incomplete packets will not be accepted, please contact us if you need assistance.

- Copy of Photo ID and Social Security Card
- Copy of most recent Mortgage Statement, if applicable
- Copy of all recent mortgage/legal communications or any pertinent correspondence you've received from your mortgage lender. Examples: notice of default, foreclosure notice, etc. (If applicable)
- Condo Association Statement (including name and account#) If applicable
- Copy of your most recent property tax statements/bills
- Copy of property deed/legal description
- Hardship supporting documents (medical bills, death certificate) If applicable.
- Copy of most recent federal tax return
- Copy of *all* recent monthly bills (Phone, Electric, Heat, Water, Cable, Insurance, etc.)
- Copy of two most recent bank statements. Bank Statements must show institution, client name, account number, complete transaction history, and must include all pages (For example, if page 1 of 4, must return all 4 pages).
- Copies of proof of ALL income for ALL adults in household. This *may* include:
 - Pay stubs for 30 consecutive days (if paid weekly, 4 pay stubs; bi-weekly, 2 stubs; etc.)
 - Most recent federal tax returns and W2's
 - Social Security Benefit Award Letters (Retirement or Disability)
 - SSI Benefit Award Letters (Retirement or Disability)
 - Child Support Statements from the Friend of the Court (if applicable)
 - Unemployment Award Letters (showing current benefit information)
 - Department of Human Services Eligibility Determination Letters
 - If Self-Employed, most recent Profit and Loss Statement, Tax Return, 1099s, etc.
 - Any other household income information (letters, receipts, bank statements, etc.)

Sincerely,

NMCAA's Foreclosure Prevention Team

northwest michigan community action agency

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Section 1: To be completed by client and co-client

Client Name (first, middle initial, last):		County:	
Street Address (DO NOT use PO Box):		State:	Zip
		Birthdate (mm/dd/yyyy):	
Home/Cell Phone Number:	Email Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Years/Months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> No reponse	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran or Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family		Total # of Household Dependents:	<input type="checkbox"/> Live in rural area <input type="checkbox"/> Not live in rural area

Based on Current household select appropriate answer:

<input type="checkbox"/> Limited English Proficient	<input type="checkbox"/> Not Limited English Proficient	<input type="checkbox"/> Hispanic or Latino
If not English, preferred language:		<input type="checkbox"/> Not Hispanic or Latino

<u>Single Race:</u> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose not to respond	<u>Multi-Race:</u> <input type="checkbox"/> American Indian/Alaskan and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose not to respond
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Head of Household Type:

Single Adult Female-headed single parent Male-headed single parent

Married without children Married with children Two or more unrelated adults Other

Education: No High School Diploma High School Diploma GED Associate's Degree

Some College Vocational Certificate Bachelor's Degree Master's Degree

Doctoral or Professional Degree

Co-Client Name (first, middle initial, last):		County:	
Street Address (DO NOT use PO Box):		State:	Zip
		Birthdate (mm/dd/yyyy):	
Home/Cell Phone Number:	Email Address:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Years/Months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> No reponse	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran or Active Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family		Total # of Household Dependents:	<input type="checkbox"/> Live in rural area <input type="checkbox"/> Not live in rural area

Based on Current household select appropriate answer:

<input type="checkbox"/> Limited English Proficient <input type="checkbox"/> Not Limited English Proficient If not English, preferred language:		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose not to respond	Multi-Race: <input type="checkbox"/> American Indian/Alaskan and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose not to respond	
Education: <input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Some College <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctoral or Professional Degree		

Section 2: Must be Completed by Client

Enter **ALL** sources of income for adult members of the household (18 years old not in high school).
Income sources include: Wages, Worker's Comp., Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support, and Alimony.

Total Monthly Income:	\$
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Enter **ALL** monthly debt for adult members of the household (18 years old not in high school). Include Credit Cards, Automobile Loan(s), Mortgage/Rent, Student Loans, Child Support, Alimony, etc.

Total Monthly Debt:	\$
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Based on your housing needs/goals do you believe you have been discriminated against? Yes No

Do you believe you have been a victim of Predatory Lending? Yes No

What is the main purpose for contacting our agency:
 Purchase/Home Purchase Rental Topics Resolving/Preventing Mortgage Delinquency/Default
 Home Maintenance and Financial Management Homeless Assistance Reverse Mortgage

How did you learn about our Housing Education Program?
 Agency Outreach Lender Another Agency HUD Outreach Another Person
 Real Estate Agent Other: _____

Section 3: Must be signed and dated by client and co-client, if applicable.

_____	_____	_____
Client Printed Name	Signature	Date
_____	_____	_____
Co-Client Printed Name	Co-Signature	Date

For Agency Use		
Intake/Counselor Name:	Intake Date:	CounselorMax #



**Michigan State Housing Development Authority
HOUSING EDUCATION PROGRAM
AGREEMENT and RELEASE OF INFORMATION**

In signing this agreement and release, I/We agree to actively participate in the Housing Education Services being offered by this MSHDA approved agency. I/We understand:

1. A referral to other services of the organization or another agency (as appropriate) may be made to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. That this agency receives funds through MSHDA and HUD and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. That a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. That this agency may provide information on numerous housing programs and loan products and I further understand that the housing services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.

NOTE: *If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related service, please contact MSHDA's Housing Education Program at (517)373-6840.*

CONSENT: Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits.

For Pre-Purchase Education Services only:

I/We acknowledge the agency provided me/us with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

For Post-Purchase Education Services only:

I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Housing Education Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

Client's printed name:	Client's signature:	Date signed:
Client's printed name:	Client's signature:	Date signed:
Client's current address:	City:	Zip code:

To be completed by MSHDA Housing Education Program Certified Counselor.		
Agency name:	Agency phone number:	
Counselor name:	Counselor signature:	Date:





**Northwest Michigan Community Action Agency, Inc.
 NMCAA Housing Counseling and Assistance Disclosure**

Note: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

This information and disclosure document is given to help inform you, the client, and make you aware of costs, fees, and Agency disclosures that may not have been presented to you previously.

NMCAA is a private non-profit serving 10 counties in Northwest Lower Michigan. NMCAA offers Homebuyer education and counseling, Financial Capabilities education & counseling, Foreclosure Prevention, the IDA program, Family Self-Sufficiency program, Pre-Bankruptcy counseling and Post-Bankruptcy Debtor Education. NMCAA has a financial affiliation with HUD and MSHDA and is a chartered member of NeighborWorks® America. IDA accounts are held by Fifth Third Bank. This disclosure aims to avoid conflicts of interest in the delivery of housing counseling services. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosure and initial, sign, and date the form on the following pages.**

NMCAA, its Director, Board of Directors, and employees **DO NOT**:

- Own, manage, collect rents, lease, or have any business interests in the property occupied by the client.
- Serve as a collection agent for the client's mortgage, landlord, or creditor.
- Hold or service the mortgage or rental contract on the client's property.
- Have a staff member or Director who serves as the client's attorney, landlord, or creditor.
- Own or purchases a property that the client seeks or chooses to rent or owns or purchases the property that the client seeks or chooses to purchase.
- Own or have a business relationship to any company, organization, or individual that repairs, makes improvements, or provides any service for fee, on the client's property.
- Accepts a fee for, in any way, participating in the sale, rental, or improvement of the client's property.
- Acquire the client's property from a trustee in bankruptcy.
- Accept a fee, kickbacks, or any other consideration from the lender for referring prospective homebuyers to a specific mortgagor.
- Accept a fee, kickback, or any other consideration from a Real Estate agent or Property Manager for referring prospective homebuyers or renters to a specific agency or property.

Coach's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> ▪ Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. ▪ Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. ▪ Preparing a household budget that will help you manage your debt, expenses, and savings. ▪ Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. ▪ Neither your counselor nor NMCAA employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> ▪ Completing the steps assigned to you in your Client Action Plan. ▪ Providing accurate information about your income, debts, expenses, credit, and employment. ▪ Attending meetings, returning calls, providing requested paperwork in a timely manner. ▪ Notifying NMCAA or your counselor when changing housing goal. ▪ Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. ▪ Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<p>Termination of Services: Failure to work cooperatively with your housing counselor and/or NMCAA with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</p>	

Initials



Revised 10-18-16

P:\VCS Files\FMS\Intake\Forms\Housing Counseling Disclosure Form 10-18-16



Agency Conduct: No NMCAA employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise or agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: NMCAA has financial affiliation with HUD, NeighborWorks America, and banks including Fifth Third, Chemical, and Huntington.

Alternative Services, Programs, and Products & Client Freedom of Choice: You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. The list also identifies alternative agencies that provide services, programs, or products identical to those offered by NMCAA and its exclusive partners and affiliates.

Errors and Omission and Disclaimer of Liability: I/w we agree NMCAA, its employees, agents and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in NMCAA counseling; and I hereby release and waive all claims of action against NMCAA and its affiliates. I have read this document, understand and I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, NMCAA, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with NMCAA grantors such as HUD or NeighborWorks America.

Client's statement: I acknowledge that I have received, reviewed, and agree to NMCAA's Housing Counseling and Assistance Disclosure. I understand that NMCAA will disclose to clients all contributions made by mortgage lenders, real estate companies, law firms, home inspection companies, and other housing related entities in support of the agency's housing counseling activities. I understand that I am not obligated to receive any other products or services offered by NMCAA or its partners.

CLIENT'S NAME(S) (PLEASE PRINT) _____

CLIENT'S SIGNATURE _____ DATE: _____

PROGRAM REPRESENTATIVE _____ DATE: _____



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Foreclosure & Loan Modification Third Party Authorization

I (Borrower) _____ and (Co-Borrower) _____

give NMCAA and the authorized counselor(s) listed below permission to speak with our Servicer, Investor, Attorneys hired by myself or my servicer, MSHDA, Step Forward, and other related parties on my (our) behalf and to exchange information regarding my (our) mortgage for the purposes of foreclosure prevention, imminent default, refinance, loan modification, forbearance, status updates, and/or inquiries regarding loan number _____ at property address _____. This authorization will be valid from today until borrower requests in writing a withdrawal of this authorization or NMCAA closes the file.

Borrower (Printed Name) Borrower (Signature) Date Last 4 Digits SSN

Co-Borrower (Printed Name) Co-Borrower (Signature) Date Last 4 Digits SSN

Authorized Party (Printed Name) Authorized Party (Signature) Date 7389
Last 4 Digits Tax ID

Authorized Party (Printed Name) Authorized Party (Signature) Date 7389
Last 4 Digits Tax ID

Issuing Office:

3963 Three Mile Rd.
Traverse City, MI 49686
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Cadillac, MI 49601
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Counselor & Homeowner Agreement

What to Expect

NMCAA and its Counselors agree to provide the following services:

- Development of a spending plan and identification of available resources
- Analysis of the amount and cause of the mortgage default
- Explanation of reasonable options available to you, the homeowner
- Assistance communicating with the mortgage servicer and/or other creditors
- Explanation of collection and foreclosure process

Together you and the Counselor will form an Action Plan with steps for both you and the Counselor to work on. Counselors are not able to prevent foreclosure in *every* situation but are committed to working with you so you can make the best decisions possible.

Counselor Commitment

The Counselor agrees to:

- Provide you with factual information
- Complete Action Plan steps in a timely manner
- Make referrals to needed resources
- Provide services confidentially, honestly and respectfully

Homeowner Commitment

You understand that in order for NMCAA to provide you with the best service possible, you agree to:

- Provide honest and complete information whether verbally or in writing
- Provide necessary documentation and follow-up information within timeframe requested
- Notify the Counselor within 6 hours of the appointment if you will be unable to attend
- Arrive on time for appointments and understand that if you show up late for an appointment, the appointment will still end at its scheduled time
- Contact the Counselor with any and all changes in your situation immediately

By signing below, you agree to the above agreement and understand that breaking this agreement may cause NMCAA to sever its service assistance to you.

Signatures

Homeowner

Homeowner

Date

Counselor

Counselor

Date



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Hardship Letter Instructions

Please read this information carefully. These instructions are intended to assist you in completing your hardship letter. This letter will be used by your lender and others when determining eligibility for any programs you apply for.

Your hardship letter should fit on one page. It should be brief and to the point and should avoid placing blame.

Your hardship letter should include all of the information requested on the next page including: The names of all borrowers, the property address, the name of your lender and your loan number.

Describe your hardship:

For example: In January 2014, I lost my job with XYZ Company and remained unemployed until July 2014. I have recently found a new job at ABC Company and will be receiving my first check in August 2014.

Describe your current financial situation:

For example: I am currently employed full time (40 hours) and my wife is also working full time. Because of my unemployment, we are struggling to get caught up but would be able to maintain payments if we could get back on track.

Describe steps you have taken to reduce expenses or increase income:

For example: When I lost my job in January 2014, we reduced our expenses by eliminating cable, reducing our phone bill, and eating at home. We increased our income by working odd jobs, borrowing money from friends/family, and getting help from local agencies.

Describe the amount of money, if any, you have available to pay towards the delinquency:

For example: I do not have any savings available to put towards the delinquency. I may be able to borrow \$500 from my father if necessary and I also have a retirement account available as a last resort.

Please make sure to sign and date the hardship letter.

If you need further assistance or have questions, please contact us, we're here to help!



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Hardship Letter

Borrower Name(s): _____

Property Address: _____

City: _____ State: _____ Zip: _____

Mortgage Lender: _____ Loan Number: _____

I want to: Keep the Property Leave the Property Undecided

My hardship is: Short Term (under 6 months) Medium Term (6-12 months)

Long Term or Permanent (12 months or more)

Date hardship began: _____

Describe your hardship: _____

Describe your current financial situation: _____

Describe steps you have taken to reduce expenses or increase income: _____

Describe the amount of money, if any, you have available to pay toward the delinquency: _____

Borrower Signature: _____ Date: _____

Borrower Signature: _____ Date: _____

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Northwest Michigan Community Action Agency, Inc.

Authorization for Credit Report

I/We, _____, (APPLICANT)
and/or _____, (CO-APPLICANT)

hereby authorize and instruct you pursuant to the Fair Credit Reporting Act Section 604(b) to release to the person or organization set forth below (recipient) information from your files or other sources pertaining to my personal background including, but not limited to, personal history, disciplinary actions, medical, credit or any other records you may have regarding me. This release is executed with the full knowledge and understanding that the information is for the official use of the recipient. I hereby release you, the institution or establishment which you represent including its officers, employees, and relevant personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

In order that you may fulfill this request, I provide you with the following: (The following must be completed in full)

APPLICANT FULL NAME: _____
First Name Middle Initial Last Name

DATE OF BIRTH: _____
mm /dd /yyyy

SOCIAL SECURITY NUMBER (APPLICANT): _____ - _____ - _____

PRESENT ADDRESS: _____
Number Street City State Zip Code

FIVE YEAR ADDRESS HISTORY:

List any address at which you have resided during the last five years, with the date of last residency of each:

1) _____
Number Street City State Zip Code Date of Residency

2) _____
Number Street City State Zip Code Date of Residency

3) _____
Number Street City State Zip Code Date of Residency

Are Applicant and Co-Applicant Married? YES NO

CO-APPLICANT FULL NAME: _____
First Name Middle Initial Last Name

DATE OF BIRTH: _____
mm /dd /yyyy

SOCIAL SECURITY NUMBER (CO-APPLICANT): _____ - _____ - _____

PRESENT ADDRESS: _____
Number Street City State Zip Code

RECIPIENT NAME: Northwest Michigan Community Action Agency
ADDRESS: 3963 Three Mile Road, Traverse City, MI 49686

I hereby certify that the above information is correct and that I have voluntarily signed this release.

SIGNATURE (APPLICANT): _____ *Date*

SIGNATURE (Co-APPLICANT): _____ *Date*

WITNESS: _____

Budget Worksheet

Housing

Expense Type	Monthly Cost
Mortgage/Rent	
Heating	
Electric	
Property Taxes	
Homeowner/Rental Ins.	
Homeowners Association	
Snow/Grass Removal	
Garbage	
Telephone/Cell Phone	
Cable/Satellite/Internet	
Water/Sewer	
Maintenance	

Housing Total: \$ -

Food

Groceries	
Food Stamps (-)	
Restaurants/Eating Out	
Pet Food	
School/Work Lunches	
Other	

Food Total: \$ -

Medical

Dental	
Hospital/Doctors Visits	
Prescriptions	
Old Medical Debt	
Over the Counter Meds	
Health Insurance	
Life Insurance	
Other	

Medical Total: \$ -

Transportation

Car Loan	
Car Loan	
Gas	
Car Insurance	
Oil Change/Parking/etc.	
Public Transportation	
Maintenance/Repairs	
Other	

Transportation Total: \$ -

Children

Expense Type	Monthly Cost
Allowance	
Babysitter/Daycare	
Diapers/Wipes	
Formula	
Tuition/School Costs	
Child Support	

Children Total: \$ -

Personal Care

Toiletries/Personal Care	
Household products	
Clothes/Shoes/Uniforms	
Laundromat/Dry Cleaning	
Other	

Personal Total: \$ -

Recreation

Hobbies/Activities	
Movies/Videos/Rentals	
Vacation	
Subscriptions/Dues	
Other	

Recreation Total: \$ -

Miscellaneous

Credit Card #1	
Credit Card #2	
Credit Card #3	
Other Credit Cards	
Personal Loans	
Student Loans	
Other Loans	
Gifts/Donations	
Alcohol/Tobacco	
IRS/State Tax Payments	
Other Required Payments	
Payday Loans/Rent-to-Own	
Savings	
Other	

Miscellaneous Total: \$ -

Total Income: _____
 Total Expenses: \$ -
 Balance: \$ -

