

STATEMENT OF MONTHLY INCOME AND EXPENSES
(Please also submit a copy of your **income verification**)

Applicant(s): _____

Dependents: _____

Monthly Income

Gross Salary/Wages: _____

Net Salary/Wages: _____

Rental Income: _____

Other Income: _____

TOTAL NET INCOME= _____

Payroll Deductions:

Income Taxes: _____

Social Security: _____

Insurance:

Life: _____

Medical: _____

Dental: _____

Pension: _____

Other (list):

TOTAL DEDUCTIONS = _____

TOTAL SPENDABLE INCOME = _____

MONTHLY SURPLUS= _____

Have you ever filed for bankruptcy? _____yes

_____no

If so, submit your credit report. It is FREE at www.annualcreditreport.com/cra/index.jsp.

This is to certify that the information furnished in the foregoing statement is true to the best of my/our knowledge, information, and belief.

Date

Applicant

Date

Spouse/Companion