New Jersey Courts  ***********************************	Foreclo	SURE ME	DIATION	FINANCI	IAL W	Vorks	SHEET	
COUNTY			Doo	CKET NO: <b>F</b>				
Plaintiff's N	Name	v.		Firs	t Defend	lant's Nar	me	_
	P	PERSONAL IN	NFORMATI					
Borrower's Name			Co-Borrowe					
Social Security Number	Date of Birth (mm/	dd/yyyy)	Social Secu	rity Number		Date of I	Birth (mm/dd/yyyy)	
	rtner ced, widowed)		Separated Unmarried (single, divorced, widow				)	
Dependents (Not listed by Co-Bor	rower)		Dependents	(Not listed by	Borrowe	er)		
Present Address (Street, City, Sta	Present Address (Street, City, State, Zip)							
	EM	IPLOYMENT	INFORMA	ΓΙΟΝ				
Employer	☐ Se	If Employed	Employer				☐ Self Employed	
Position/Title D		f Employment	Position/Title				Date of Employment	
Second Employer			Second Employer					
Position/Title Date o		f Employment Position/Ti		le			Date of Employment	
		ASS	ETS					
Assets: Liquid	Estimated Value		Amt. Owed		Net Value			
Cash								
Savings Accounts								

## All Retirement Assets (401(k)s, IRA's, etc.) **Assets: Non-Liquid Primary Home** Other Real Estate Personal Property Automobile 1 Automobile 2 Cash Value of Life Insurance Other Assets (Limited Partnership, etc.) Total MONTHLY INCOME Monthly Income: Co-Borrower Total Borrower Gross Salary/Wages Net Salary/Wages **Overtime Wages** Commissions **Bonuses** Social Security **Unemployment Income** Disability (short term or long term) Rental Income Child Support/Alimony Pension Other Contributory Income Total Net (do not include Gross income)

Checking Accounts

Certificates of Deposits (CD's) Stocks/Bonds/Mutual Funds

EXPENSE AND LIABILITIES									
	Monthly Payr	nents	Balance Due	# Mos. Delinquent					
First Mortgage (plus real estate taxes)									
Second Mortgage									
Other Judgments									
Homeowners' Association Dues									
Property Maintenance									
Other Mortgages									
Automobile Loan(s)									
Automobile Insurance									
Auto Expenses (gas, maintenance, etc.)									
Student Loans (tuition, private school)									
Child Support/Child Care									
Dependent Care									
Alimony									
Medical Charges/Prescriptions									
Utilities: Gas									
Utilities: Electricity									
Utilities: Water/Trash/Sewer									
Home Telephone/Cell Phone									
Cable TV/Internet									
Groceries/Toiletries									
Health Insurance (health, dental, etc., not deducted from checks)									
Leisure (hobbies, dining out, movies, etc.)									
Contributions/Gifts (church donations, birthday									
gifts, etc.)									
Newspapers/Periodicals									
Additional Expenses:									
Credit Cards: (add separate sheet for additional lines)									
Credit Cards/Installment Loan									
Credit Cards/Installment Loan									
Credit Cards/Installment Loan									
Credit Cards/Installment Loan									
Credit Cards/Installment Loan									
Total									
I / We obtained a mortgage loan(s) secured by the above-described property.									
I / We have described my/our present finan documentation.	cial condition a	nd reason for	default and have at	tached required					
I / We consent to the release of this financial worksheet and attachments to the mediator and the plaintiff or plaintiff's servicing company by way of the plaintiff's attorney.									
By signing below, I / we certify the information provided is true and correct to the best of my / our knowledge.									
	·		·	-					
Signature of Borrower	Home	Phone No.	Cell Phone No.	Date					
-									
Signature of Co-Borrower	Home	Phone No.	Cell Phone No.	Date					