

| EXPENSE AND LIABILITIES |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Monthly Payments | 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 | \$0.00 | \$0.00 |  |
| I / We obtained a mortgage loan(s) secured I / We have described my/our present finan documentation. <br> I / We consent to the release of this financia plaintiff's servicing company by way of the <br> By signing below, I / we certify the information | the above-describ condition and rea <br> orksheet and atta ntiff's attorney. provided is true a | erty. <br> default and have <br> to the mediator <br> t to the best of | ched required <br> the plaintiff or <br> our knowledge. |
| Signature of Borrower | Home Phon | Cell Phone No | Date |
| Signature of Co-Borrower | Home Phon | Cell Phone No | Date |

