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APPLICANT NAME: _____

MONTHLY EXPENSES

FOOD, GROCERIES, DINING OUT	\$	GAS / HEATING OIL	\$
MONTHLY RENT PAYMENT	\$	ELECTRIC	\$
VEHICLE MAINTENANCE, REPAIR, PARKING, GAS & TOLL	\$	WATER	\$
AUTO INSURANCE	\$	CABLE	
PUBLIC TRANSPORTATION COSTS	\$	HOME PHONE	\$
HEALTH INSURANCE PREMIUMS	\$	INTERNET	\$
PRESCRIPTIONS, MEDICAL SUPPLIES, CO-PAYS, ETC.	\$	CELL PHONE	\$
ALIMONY, CHILD SUPPORT	\$	GARBAGE PICK UP	\$
CHILD /DEPENDANT CARE	\$	SEWER	\$
PROPERTY MAINTENANCE /REPAIR	\$	CLOTHING	\$
LANDSCAPING & SNOW PLOWING	\$	LAUNDROMAT	
HOMEOWNERS ASSOCIATION DUES	\$	DRY CLEANING	
TUITION / CONTINUING EDUCATION	\$	KIDS ACTIVITES	
LIFE INSURANCE PREMIUMS	\$	GYM MEMBERSHIP	
HOUSEKEEPING AND PERSONAL CARE SUPPLIES	\$	RELIGION	
OTHER:	\$	OTHER:	

AUTO LOANS

FINANCE COMPANY	LOAN BALANCE	MONTHLY PAYMENT	BORROWER CO-BORROWER JOINT	CO-SIGN FOR OTHER	CURRENT OR IN DEFAULT	MONTHS IN DEFAULT	LEASE	PAID THROUGH BUSINESS
	\$	\$	B/CB/J	Y/N	C/D		Y/N	Y/N
	\$	\$	B/CB/J	Y/N	C/D		Y/N	Y/N
	\$	\$	B/CB/J	Y/N	C/D		Y/N	Y/N

INSTALLMENT / STUDENT LOANS

CREDITOR	LOAN BALANCE	MONTHLY PAYMENT	BORROWER CO-BORROWER JOINT	CURRENT OR IN DEFAULT	MONTHS IN DEFAULT	PAID THROUGH BUSINESS
	\$	\$	B/CB/J	C/D		Y/N
	\$	\$	B/CB/J	C/D		Y/N
	\$	\$	B/CB/J	C/D		Y/N
	\$	\$	B/CB/J	C/D		Y/N

CREDIT CARD DEBT

CREDIT CARD NAME	CARD BALANCE	MINIMUM MONTHLY PAYMENT	APPLICANT SPOUSE JOINT	CURRENT OR IN DEFAULT	MONTHS IN DEFAULT	PAID THROUGH BUSINESS
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N
	\$	\$	A/S/J	C/D		Y/N

SCHEDULE OF REAL ESTATE OWNED

Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet.)

Property Address	Property Type	Present Market Value	Amount of Mortgage Liens	Gross Rental Income	Mortgage Payments	Insurance, HOA & Taxes
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

EMPLOYMENT	
BORROWER	CO-BORROWER

SELF EMPLOYED: Y / N

SELF EMPLOYED: Y / N

EMPLOYER: _____ EMPLOYER: _____

START DATE: _____ START DATE: _____

GROSS MONTHLY INCOME: _____ GROSS MONTHLY INCOME: _____

NET MONTHLY INCOME: _____ NET MONTHLY INCOME: _____

ADDITIONAL INCOME	
BORROWER	CO -BORROWER

2ND JOB	\$	2ND JOB	\$
ALIMONY	\$	ALIMONY	\$
CHILD SUPPORT	\$	CHILD SUPPORT	\$
SOCIALSECURTY	\$	SOCIALSECURTY	\$
DISABILITY	\$	DISABILITY	\$
WORKERS COMP	\$	WORKERS COMP	\$
PENSION	\$	PENSION	\$
OTHER	\$	OTHER:	\$

OTHER INCOME

DESCRIPTION OF OTHER INCOME	GROSS	NET	FREQUENCY
	\$	\$	
	\$	\$	