



## HOUSING OPTIONS & PLANNING ENTERPRISES, INC (H.O.P.E.)

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Today you took a step toward seeking help with your financial future. We know it was a difficult it is to discuss financial matters but are glad you contacted us about your situation.

Please call the office at 301-567-3330 if you have not completed your initial intake interview on the phone.

Included in your packet is a checklist of the steps and documents that you must complete and bring with you to your financial counseling session with us. This checklist will guide you and provide you with a check point to ensure you have collected all the information we need to work toward your success.

If you have any questions, please do not hesitate to call or email us.

Sincerely,  
The H.O.P.E. Team

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6188 Oxon Hill Road, Suite 700 Oxon Hill MD, 20745 (301) 567-3330 Fax (301) 710-0607

## HOUSING OPTIONS & PLANNING ENTERPRISES, INC (H.O.P.E.)

### Required Document Check List

Make a **COPY** of all the following documents to bring to your interview. Check off each box as the task is completed. **A completed package includes:**

- 1. Client Disclosure Form (page 3)
- 2. Credit Report Authorization Form (page 4)
- 3. Privacy Policy (page 5)
- 4. Housing Counseling Program Disclosure (page 6)
- 5. Completed Intake Package (page 7-10) please sign and date all pages where indicated.
- 6. CFPB Financial Well Being Measurement (page 11)
- 7. Budget Form
- 8. Provide copies of paystub(s) for your appointment
- 9. Copy of Identification

**Client Disclosure Form**



## Client Disclosure Form

Housing Options & Planning Enterprises, Inc. (H.O.P.E) is pleased that you have come to us for services and are looking forward to working with you. We are here to assist you in resolving your housing issues. However, you may use services other than those provided by this agency. Generally, your services may include the following:

- The gathering of essential demographic and financial information to help us resolve your housing need
- An assessment of your housing situation
- A case management plan that provides instructions and identifies resources for resolving your housing need
- Individual face to face, telephone and/or group counseling designed to guide you through the process of resolving housing needs.
- Follow-up calls and/or letters to track the outcome of our services: 1) Financial Management/Budget Counseling = Budgeting ~ 2) Home Improvement and Rehabilitation = Maintaining home ~ 3) Mortgage Delinquency and Default Resolution Counseling = Mortgage Assistance ~ 4) Pre-purchase Counseling = Preparing for Home Purchase ~ 5) Rental Housing Counseling = Rental Assistance ~ 6) Services for Homeless Counseling = Homeless Counseling ~ 7) Fair Housing Pre-purchase Education = Group ~ 8) Financial Budgeting and Credit Workshops = Credit Repair ~ 9) Non-Delinquency Post Purchase Workshops = After purchase counsel ~ 10) Predatory Lending Education Workshops = Group ~ 11) Pre-purchase Homebuyer Education Workshops = Group Classes ~ 12) Rental Housing Workshops= Group ~ 13) Resolving/Preventing Mortgage Delinquency workshops = Group

Housing Options & Planning Enterprises, Inc., upholds the highest standards of customer service. As such, H.O.P.E staff members providing these services will adhere to the following guidelines:

H.O.P.E does not offer legal counsel or services. H.O.P.E staff members will provide counseling, group education and/or instructional information only regarding your housing, personal financial management or credit situation under this program.

H.O.P.E does not provide debt consolidation services nor will any member of H.O.P.E.'s staff takeover or assume responsibility for the finances of any participating client.

H.O.P.E does not pay or receive fees or other considerations for referrals to or from any program administered by us.

H.O.P.E staff members will not recommend that clients participate or engage in any services whereby the staff members themselves or any member of their immediate family have a financial interest.

No staff member of H.O.P.E will disclose any personal information without proper authorization of the participant. H.O.P.E strongly believes in and promotes housing choice. To that end, H.O.P.E does not endorse any realtor or lender.

Participants in H.O.P.E.'s Pre-Purchase Counseling/Down payment Assistance Programs shop for and select the lender and realtor that best suits their needs.

H.O.P.E, in many instances, will need to pull your credit report in order to assess the condition of your credit either to determine your readiness for ownership or to assist in the resolution of mortgage delinquency. H.O.P.E has the ability to pull your credit with little to no effect on your credit score.

H.O.P.E employs persons who are qualified to provide the services rendered. To that end, all H.O.P.E housing counselors are required to be certified. New counselors employed by H.O.P.E have one year to acquire such certification, which can be obtained through the Association of Housing Counselors, the National Federation of Housing Counselors or Neighbor Works. Central to H.O.P.E.'s mission is the elimination of housing discrimination. All of H.O.P.E.'s programs and services are required to educate participants.

Please be advised that you, the client, are not obligated to receive, purchase or utilize any other services offered by H.O.P.E., or its exclusive partners, in order to receive housing counseling services. This certifies that I have read and understood the above statement of disclosure.

I/We understand Housing Options & Planning Enterprises Inc. is committed to offering clients a variety of product choices. I/We further understand that Housing Options & Planning Enterprises, Inc. has a Homebuyer Education and Counseling Agreement with Bank of America and CITI Mortgage. I/We understand there is **no obligation** to use Bank of America or CITI loan products or programs; and that counseling services are not contingent on use of any particular product or service. I/We understand that I/We have the right to accept or decline services or products from any Housing Options & Planning Enterprises, Inc. referral.

\_\_\_\_\_  
Applicant Signature                      Date

\_\_\_\_\_  
Co- Applicant Signature                      Date

\_\_\_\_\_  
Counselor Signature                      Date

Telephone/Online Counseling: \_\_\_\_\_ or \_\_\_\_\_  
Yes                      No



## Credit Report Authorization and Consent for Release of Information

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

NAME : \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS: \_\_\_\_\_

CITY

STATE

ZIP

Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name Social Security # \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I (WE) hereby give permission to pull my (our) credit report for the purposes of my (our) application for assistance in regards to my home.

All information will be kept confidential between my Counselor and me. I further understand that Housing Options & Planning Enterprises, Inc. (H.O.P.E.) will be held harmless for information received in this credit report.

NOTE: Both Signatures are required if joint report is requested.

### AUTHORIZATION FOR Homeowners

I/We authorize Housing Options & Planning Enterprises, Inc., its staff or representatives, to act on my/our behalf for the purpose of seeking a resolution with regard to the property listed above. I/We authorize our lending institution/mortgage company to fax, mail, or email any items requested by Housing Options & Planning Enterprises, Inc., in reference to our mortgage delinquency immediately. I understand that Housing Options & Planning Enterprises, Inc., provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.

### AUTHORIZATION FOR ALL CLIENTS

I/We authorize Housing Options & Planning Enterprises Inc., to share, release, discuss, and otherwise provide to and with each other, and/or their agents or other authorized representatives, public and non-public personal information contained in or related to my/our file. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income documentation and government monitoring information. I/We also understand and consent to the disclosure of public and non-public personal information by and between Housing Options & Planning Enterprises Inc., HomeFree-USA, and the United States Department of Housing and Urban Development ("HUD"), and/or its agents or other authorized 3rd party representatives.

ACKNOWLEDGMENT: I/we have read and received a copy of this authorization form.

\_\_\_\_\_  
H.O.P.E. Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

## Financial Coaching Intake and Disclosures



## Privacy Policy

Housing Options & Planning Enterprises, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information”, such as your total debt information, income, living expenses and personal information concerning your financial circumstances will be provided to creditors, program monitors and others only with your authorization and signature on the Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

### **Types of information that we gather about you:**

- Information we receive from you orally, on application or other forms, such as your name, address, social security number, assets and income.
- Information about your transactions with us, your creditors, or others such as your account balance, payment history, parties to transactions and credit card usage.
- Information we receive from a credit reporting agency, such as your credit history.

### **You may opt-out of certain disclosures:**

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file. Initial if I/we wish to “opt-out”. \_\_\_\_\_

### **Release of your information to third parties:**

- So long as you have no opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g. If we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you: We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

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Applicant

Signature

Date

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Co-Applicant

Signature

Date

Housing Counseling Program Disclosure

Purpose of Housing Counseling.

I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help clients fix problems that prevent affordable mortgage financing. The counselor will analyze the mortgage default, and explain the collection and foreclosure process. The counselor will also assist client in communicating with the mortgage servicer and other creditors. The counselor will analyze clients financial and credit situation, identify those barriers preventing them from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

Eligible Criteria.

I/We understand that the counseling agency provides housing counseling assistance to clients whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I will be referred to a long-term housing counseling program.

Homeownership Education Classes.

I/We understand that as part of the housing counseling program, I/We will be required to attend group homeownership education classes.

Client's Responsibility.

I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

Disclosures.

I/We understand Housing Options & Planning Enterprises Inc. is committed to offering clients a variety of product choices. I/We further understand that Housing Options & Planning Enterprises, Inc. has a Homebuyer Education and Counseling Agreement with Bank of America and CITI Mortgage. I/We understand there is no obligation to use Bank of America or CITI loan products or programs; and that counseling services are not contingent on use of any particular product or service. I/We understand that I/We have the right to accept or decline services or products from any Housing Options & Planning Enterprises, Inc. Referral. H.O.P.E. employs persons who are qualified to provide the services rendered. To that end, all H.O.P.E. housing counselors are required to be certified. New counselors employed by H.O.P.E. have one year to acquire such certification, which can be obtained through Association of Housing Counselors, the National Federation of Housing Counselors or Neighbor Works

Client Choices

I/We understand Housing Options & Planning Enterprises, Inc. is committed to offering clients a variety of product choices I/We understand there is no obligation to use products or services of Housing Options & Planning Enterprises, Inc. or its partners. I/We understand that I/We are free to choose a product or abstain from doing so, and that receiving housing counseling services from the agency is not contingent on the use of any product or service.

Alternative Services, Programs and Products. Housing Options & Planning Enterprises, Inc. as appropriate, refers clients to other community service organizations such as: Prince George's County's Office of Housing and Community Development which include financial counseling, homeownership education, voucher programs (Section 8), adult and child care programs, homeless intervention and other housing assistance; the Maryland Department of Housing and Community Development, SNAP referrals that provides with a community resource list which outlines emergency shelter programs, financial assistance, transitional housing information, free medical assistance as well as other programs and resources offered in Prince George's County and the surrounding region. We also additionally refer clients to Wells Fargo, Chase, Bank of America and other lenders.

This is to acknowledge that I have received, reviewed, and understand Housing Options & Planning Enterprises, Inc. Housing Counseling Program Disclosure.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date







# Housing Options & Planning Enterprises, Inc. Customer Intake Form

## CUSTOMER

Name:

\_\_\_\_\_

**First** **MI** **Last**

Street

\_\_\_\_\_

**City** **State** **Zip Code**

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Social Security Number**      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Birth Date**

(You should select both a "Race" and "Ethnicity" category:)

**Race** (please circle):

- |   |   |                                   |          |
|---|---|-----------------------------------|----------|
| 1. White                                  | 2. Black or African American                | 3. American Indian/Alaskan Native | 4. Asian |
| 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White | 7. Asian and White                |          |
| 8. Black/African American and White       | 9. American Indian/Alaskan Native and Black | 10. Other                         |          |

**Ethnicity** (please circle).

Hispanic: Yes      No

**Are you a military veteran:** (please circle)      Yes      No

**Are you a Teacher:** (please circle)      Yes      No

**Are you a First Responder:** (please circle)      Yes      No

**Immigrant Status** (please select one):

1. You are U.S. born and 1 or both of your parents are foreign born
2. You are U.S. born but 1 or both grandparents foreign born
3. You are foreign born
4. You, your parents and grandparents are all U.S. born

**Marital Status** (please circle): 1. Single    2. Married    3. Divorced    4. Separated    5. Widowed

**Gender** (please circle):                      Male      Female

**Handicapped?**      Yes      No

**Current Housing Arrangement** (please circle):

1. Rent
2. Homeless
3. Homeowner with mortgage
4. Living with family member and not paying rent
5. Homeowner with mortgage paid off

**Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?**

Yes                      No

**Household Type (please select the most accurate)?**

- 1. Female headed single parent household
- 2. Male headed single parent household
- 3. Single adult
- 4. Two or more unrelated adults
- 5. Married with children
- 6. Married without children
- 7. Other

**Family/Household Size:** \_\_\_\_\_ **How many dependents** (other than those listed by any co-borrower)? \_\_\_\_\_

What ages are they? \_\_\_\_\_

**Are there non-dependents who will be living in the home?** Yes No

If yes, list: Age and Relation;; \_\_\_\_\_

Annual Family or Household Income: \$ \_\_\_\_\_

**Education** (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelor's Degree
- 5. Master's Degree
- 6. Above Master's Degree

Referred to by (please circle all that apply):

- Print Advertisement
- Bank
- Government
- TV
- Realtor
- Staff/Board member
- Walk-In
- Friend
- Radio
- Newspaper Article

If you were referred by a bank, which one? \_\_\_\_\_

If referred by another source not listed above, which one? \_\_\_\_\_

**CO-APPLICANT**

Name:

\_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_ **Last**

\_\_\_\_\_ **Street**

\_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code**

**Home:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Cell:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Social Security Number**

**Birth Date**

(You should select both a "Race" and "Ethnicity" categories)

**Race** (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

**Ethnicity** (please circle)

Hispanic: Yes No

**Immigrant Status** (please select one):

- 1. You are U.S. born and 1 or both of your parents are foreign born
- 2. You are U.S. born but 1 or both grandparents are foreign born
- 3. You are foreign born

4. You, your parents and grandparents are all U.S. born

**Marital Status** (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

**Gender** (please circle): Male Female

**Handicapped?** Yes No

**Education** (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

**Relationship to Customer** (please circle): Spouse Daughter Son Sister Brother  
Girlfriend Boyfriend Mother Father  
Other: \_\_\_\_\_

**CUSTOMER EMPLOYMENT — Last 2 Years** *Please Print Clearly*

Primary Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date  
\_\_\_\_\_  
Street City State Zip Code  
Phone: (\_\_\_\_\_) \_\_\_\_\_  
Part-Time or Full-Time (Please Circle)  
Gross Income (before taxes): \$ \_\_\_\_\_  
Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month  
\_\_\_monthly?

Secondary (PT) Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date  
\_\_\_\_\_  
Street City State Zip Code  
Phone: (\_\_\_\_\_) \_\_\_\_\_  
Part-Time or Full-Time (Please Circle)  
Gross Income (before taxes): \$ \_\_\_\_\_  
Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month  
\_\_\_monthly?

**CO-APPLICANT EMPLOYMENT — Last 2 Years**

Primary Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date  
\_\_\_\_\_  
Street City State Zip Code  
Phone: (\_\_\_\_\_) \_\_\_\_\_  
Part-Time or Full-Time (Please Circle)  
Gross Income (before taxes): \$ \_\_\_\_\_  
Is this amount paid \_\_\_hourly \_\_\_weekly \_\_\_every two weeks \_\_\_twice a month \_\_\_monthly?

Secondary (PT) Employer: \_\_\_\_\_

\_\_\_\_\_  
Title Hire Date

Street City State Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_\_\_ hourly \_\_\_\_\_ weekly \_\_\_\_\_ every two weeks \_\_\_\_\_ twice a month  
\_\_\_\_\_ monthly?

### ADDITIONAL INFORMATION

	APPLICANT		CO-APPLICANT	
1) Are you currently in Chapter 13 bankruptcy? If yes, when did it begin? _____ If yes, when will it be paid out? _____ If yes, how much is the payment? _____	Yes	No	Yes	No
2) Have you had a Chapter 7 bankruptcy? If yes, when was it discharged? _____	Yes	No	Yes	No
3) Have you owned your home in the last 3 years	Yes	No	Yes	No
4) Are you a Veteran?	Yes	No	Yes	No
5) Do you have a contract on a house at this time?	Yes	No		
6) Are you working with another Housing Counseling Agency? If yes, who? _____ If yes, when? _____	Yes	No		
7) Number of vehicles in household _____				



CFPB FINANCIAL WELL-BEING SCALE

# Questionnaire

NAME OR NUMBER

### Part 1: How well does this statement describe you or your situation?

This statement describes me	Completely	Very well	Somewhat	Very little	Not at all
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 2: How often does this statement apply to you?

This statement applies to me	Always	Often	Sometimes	Rarely	Never
7. Giving a gift for a wedding, birthday or other occasion would put a strain on my finances for the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 3: Tell us about yourself.

11. How old are you?	<input type="checkbox"/> 18-61	<input type="checkbox"/> 62+
12. How did you take the questionnaire?	<input type="checkbox"/> I read the questions	<input type="checkbox"/> Someone read the questions to me

**CLIENT(S) FINANCIAL INFORMATION WORKSHEET**

Case Number: \_\_\_\_\_ Name of Client(s): \_\_\_\_\_

**A. Household Expenses**

<b>Fixed Monthly Expenses</b>	<b>Payment</b>
Mortgage	\$
Second Mortgage	\$
Condo/Homeowner Association Fees	\$
Gas and Electric	\$
Heating Oil	\$
Water and Sewer	\$
Phone	\$
Car Payment 1	\$
Car Payment 2	\$
Auto Insurance	\$
Life Insurance	\$
Medical Insurance	\$
Alimony/Child Support	\$
Alarm System	\$
Property Taxes/Insurance	\$
Other/Credit Card Payment(s) from Section E	\$
<b>Sub-Total</b>	\$

<b>Variable Monthly Expenses</b>	<b>Payment</b>
Groceries	\$
Eating Out	\$
Gas	\$
Bus/Taxi/Parking Fees	\$
Car Repairs	\$
Toiletries/Hair Care	\$
Medical Expenses	\$
Day Care/Babysitters	\$
Internet/Cable Television	\$
Clothing/Laundry	\$
Cigarettes/Alcohol	\$
Church/Charity	\$
Entertainment/Lottery	\$
Pet care/food	\$
Cell Phone	\$
Tuition/Education	\$
Other	\$
<b>Sub-Total</b>	\$
<b>Total Monthly Expenses</b>	\$

**B. Your Monthly Income**

Gross Income	Net Income (after taxes and deductions)
\$	\$

**C. Spouse/Partner's Monthly Income**

Gross Income	Net Income (after taxes and deductions)
\$	\$

**D. Other Household Monthly Income**

Gross Income	Net Income (after taxes and deductions)
\$	\$

**E. Credit Cards and Other Debt**

<b>Creditor Name</b>	<b>Payment</b>	<b>Balance</b>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total</b>	\$	\$

**F. Surplus/Deficit**

Total Net Monthly Household Income (B+C+D)	\$
- Total Monthly Expenses (A)	\$
<b>= Monthly Surplus/Deficit</b>	\$