



phone: 865.828.5927  
toll-free: 800.814.6355  
fax: 865.828.5212  
www.clinchpowell.net

Dear Homeowner:

Thank you for choosing Clinch-Powell to help you work through this difficult time. This program is provided to you free of charge because of funding received from government programs. In order to keep this service free, Clinch-Powell must follow certain program guidelines which often include specific forms and documentation.

The following information is needed in order for us to **begin** working with you to help resolve your mortgage issue. Please fill forms out as completely and accurately as possible, making sure to include signatures for each borrower.

**Returning the packet without necessary signatures and supporting documents will delay the process.**

Please complete the following forms in detail to the best of your knowledge:

1. Foreclosure Prevention Intake Form, ALL pages, *Signed* and COMPLETED (pg 1 & 2)
2. Write a *brief letter of hardship* to your lender, explaining the reason you have fallen behind on your mortgage-*this must signed & dated!*
3. \*Supporting documentation of your situation as listed below:

\*REQUIRED-- Copies (no originals) of the following documents in order to properly evaluate your circumstances and recommend appropriate options. (*Across the board, any lender or program will also require these items.*)

- **Proof of income** for each member in household (*most recent award letters and/or 3 consecutive pay stubs*)
  - Proof of receipt of public benefits (ex: transaction history print out for Food Stamps)
- Most recent **tax return** with **W-2's**, (\* *sign the second page of 1040!*)
- Last two (2) months of **bank statements** (*ALL pages; must be bank-issued or stamped, i.e. not internet print out*)
- Most recent monthly **Mortgage STATEMENT**,
- Current **Homeowner's INSURANCE Statement** and **City/County TAX Statement(s)**
- **Any/all** recent letters from your mortgage company (especially if one is a Notice of Sale Date)
- Supporting documentation of YOUR particular hardship
  - Laid-Off from job:  Separation notice from employer (w/ dates of employment),  last pay stub
  - Death or divorce:  Death Certificate or Divorce decree
  - Long-term medical condition:  Documentation of disability (w/ effective date)  Covid-19

\*Additional documents that MAY BE REQUESTED during this process:

- Current **electric bill** (this is to verify you are living in the residence)
- **Mortgage NOTE** or Promissory Note
- Copy of divorce decree and/or child-support order
- Official documentation relating to your bankruptcy (if it occurred within the last 10 years)

Return the completed application packet and documents in any of the following ways:

- Fax to: 865-828-5212 • Email to: [suzie@clinchpowell.net](mailto:suzie@clinchpowell.net) • Bring to: 7995 Rutledge Pike, Rutledge TN 37861
- Mail to: Clinch-Powell, Attn: Susan Eribarne, P.O. Box 379, Rutledge, TN 37861

**We know this seems like quite a lot, but just try to work on one item at a time.** If you have any questions, feel free to contact us. After we receive your completed packet, please allow several business days for an intake specialist to review your documents and contact you **via e-mail** with any follow-up questions. Only after **ALL** your documents are received will it be processed by a certified housing counselor—**unless you have a Date of Sale on your home, in which case, call our office immediately.** *Keep this cover letter for your records.*

PO BOX 379 | 7995 RUTLEDGE PK | RUTLEDGE, TN 37861

Clinch-Powell Resource Conservation & Development Council, Inc. is a 501(c)(3) non-profit organization. Clinch-Powell is a Community Housing Development Organization and housing counseling agency primarily serving East Tennessee. All programs of Clinch-Powell are available without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status, because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission- 600 Pennsylvania Avenue, NW, Washington DC 20580.

NMLS# 195063; A. Karr NMLS# 1553157





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**HOUSING ASSISTANCE APPLICATION-- MORTGAGE**

HOMEOWNER	CO-HOMEOWNER or SPOUSE
Mr./Ms. Name _____ <small>First Middle Last</small>	Mr./Ms. Name _____ <small>First Middle Last</small>
Home/Cell Phone_(_____)_____	Home/Cell Phone_(_____)_____
E-mail Address _____ <small>By providing an e-mail address, you attest it's secure &amp; you can &amp; will check it regularly</small>	E-mail Address _____ <small>By providing an e-mail address, you attest it's secure &amp; you can &amp; will check it regularly</small>
Street Address _____ PO Box: _____	
City/State/Zip-Code _____ County _____	
How long at residence? _____ # of people in the household: _____ Primary language spoken: _____	

¿Habla español? Póngase en contacto con nosotros para una cita.

**AUTHORIZATION TO CONTACT AND RELEASE INFORMATION**

I/We are authorizing communication with the following in order to receive housing assistance:

**MORTGAGE**

Mortgage/Service Company Name: \_\_\_\_\_

Company Phone number: \_\_\_\_\_

Mortgage loan is in the name(s) of: \_\_\_\_\_ Account #: \_\_\_\_\_

**REFERAL AGENCY**

Company: \_\_\_\_\_ Contact person: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ Email: \_\_\_\_\_

**OTHER**

Company Name: \_\_\_\_\_

Company phone number: \_\_\_\_\_

Account is in the name(s) of: \_\_\_\_\_ Account #: \_\_\_\_\_

I/We, \_\_\_\_\_ hereby authorize agents of Clinch-Powell RC&D Council (Tax ID # 62-1396815), a HUD Certified Housing Counseling Agency (#82934), HUD-Certified counselors Susan Eribarne, Elizabeth Grisham, and/or Sabrina Seamon to discuss my account(s). Additionally, I authorize the sharing of any necessary information and documentation as needed for receipt of housing counseling services, program participation and eligibility. Information may be provided via preferred communication channels of either party, including, but not limited to: verbally, electronically, and print. I further agree that a photocopy, scan, or facsimile (fax) of this document will also serve as authorization for release of information. This authorization will expire 36 months from the date below.

\_\_\_\_\_  
 Homeowner SIGNATURE Date co-Owner SIGNATURE Date

**PO BOX 379 | 7995 RUTLEDGE PK | RUTLEDGE, TN 37861**



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NMLS#195063; A. Karr NMLS#1553157

**FORECLOSURE PREVENTION / LOSS MITIGATION FORM, CONTINUED**



Please provide the following basic information *OR* select and authorize:

- I have already completed another Clinch-Powell program application, and authorize the reuse of that data
- I have completed a THDA HAF application, and I authorize the retrieval and use of that information

<b>HOMEOWNER INFORMATION</b>	<input type="checkbox"/> <b>CO-OWNER &amp;/OR</b> <input type="checkbox"/> <b>SPOUSE INFORMATION</b>
Birth date _____ Social Security Number _____	Birth date _____ Social Security Number _____
<small>OPTIONAL DEMOGRAPHIC INFO:</small>	<small>OPTIONAL DEMOGRAPHIC INFO:</small>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer <b>Race:</b> <input type="checkbox"/> Native-American or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer <b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <b>Disabled:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Veteran:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Active duty Currently enrolled in school or training program? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer <b>Race:</b> <input type="checkbox"/> Native-American or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer <b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <b>Disabled:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Veteran:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Active duty Currently enrolled in school or training program? <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>HOMEOWNER EMPLOYMENT</b> or <input type="checkbox"/> <b>N/A</b> _____	<b>CO-OWNER EMPLOYMENT</b> or <input type="checkbox"/> <b>N/A</b> _____
Occupation/Employer _____ Start date _____ Income: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> PRN <b>How often do you get paid?</b> Ave. # of hours per week _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x per month <input type="checkbox"/> Monthly + <input type="checkbox"/> Overtime <input type="checkbox"/> Tips/commission <input type="checkbox"/> Bonuses Laid off partially, temporarily, or fully after March 1, 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*for 2<sup>nd</sup> job –if applicable OR previous job</i> Employer _____ Dates of employment _____ Income: _____	Occupation/Employer _____ Start date _____ Income: _____ <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> PRN <b>How often do you get paid?</b> Ave. # of hours per week _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> 2x per month <input type="checkbox"/> Monthly + <input type="checkbox"/> Overtime <input type="checkbox"/> Tips/commission <input type="checkbox"/> Bonuses Laid off partially, temporarily, or fully after March 1, 2020? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*for 2<sup>nd</sup> job –if applicable OR previous job</i> Employer _____ Dates of employment _____ Income: _____
<b>OTHER HOUSEHOLD INCOME:</b> List ALL others living in the household and how much (if any) income they receive:	
♦ Does anyone in the household also collect any other sources of income that have been <b>reduced/affected by COVID-19?</b> <input type="checkbox"/> Social Security _____ <input type="checkbox"/> Child Support _____ <input type="checkbox"/> Families First/WIC _____ <input type="checkbox"/> Alimony _____ <input type="checkbox"/> Food Stamps _____ <input type="checkbox"/> TennCare/Medicare/Medicaid _____ <input type="checkbox"/> Pell Grant/Student Financial Aid _____ <input type="checkbox"/> Other _____ ♦ Does any adult in the household earn any other additional income from odd jobs, self-employment, etc..? <input type="checkbox"/> No <input type="checkbox"/> Yes, if so, please describe the work with the average amount of income and how often: _____ ♦ Is any part of your house used for the operation of a business? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ ♦ Do you have any upcoming changes in income and/or expenses? _____ ♦ Have you or are you receiving assistance related to your hardship, housing or utilities? <input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
<b>ASSETS</b> (& approx. value): <input type="checkbox"/> Checking account(s) _____, _____, _____ <input type="checkbox"/> Savings account: _____ <input type="checkbox"/> Other Land _____ <input type="checkbox"/> Retirement /IRA/401K _____ <input type="checkbox"/> Stocks <input type="checkbox"/> Trust account _____ <input type="checkbox"/> Business Make/model, millage, & condition of all vehicles, motorcycles, boats, ATV's, Jet Ski's etc. 1) _____ 2) _____ 3) _____ 4) _____	
<b>ADDITIONAL PROGRAM QUESTIONS</b> *** <b>MUST</b> provide most recent mortgage statement(s)	
♦ Is there anyone else's name besides the client and co-client on this application on the Mortgage Note, or who has claimed some sort of legal ownership of the property? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ ♦ Are there any other mortgages, liens, or lines of credit against the property/house? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____ ♦ Have either filed for Bankruptcy in the last 10 yrs? <input type="checkbox"/> No <input type="checkbox"/> Yes: Chapter <input type="checkbox"/> -7 <input type="checkbox"/> -13; <input type="checkbox"/> Single or <input type="checkbox"/> Joint; Discharge date _____ ♦ Have you recently started the process of filing for Bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes ♦ Or divorce? <input type="checkbox"/> No <input type="checkbox"/> Yes ♦ What type of dwelling? <input type="checkbox"/> Single family house (stick-built) <input type="checkbox"/> Townhouse <input type="checkbox"/> Mobile home <input type="checkbox"/> Condo <input type="checkbox"/> other: _____ ♦ What is the condition of the house & property? <input type="checkbox"/> excellent (almost new) <input type="checkbox"/> good <input type="checkbox"/> fair (needs repairs) <input type="checkbox"/> poor	

# DISCLOSURE & CONFLICT OF INTEREST

Clinch-Powell RC & D Council is a non-profit Community

Housing Development Organization and a HUD-approved counseling agency (82394) that, among other activities, helps families with affordable housing goals. Most services are available in alternative formats and locations upon request.

Clinch-Powell receives funding for its housing programs through grants and loans from a number of sources, including but not limited to: USDA Rural Development, US Dept. of Housing & Urban Development [HUD], US Dept. of Treasury, Corporation for National and Community Service, Federal Home Loan Bank, the Environmental Protection Agency, THDA, Fahe/Just Choice Lending, State of Tennessee, Citizens Bank & Trust Co. of Grainger County, Truist Bank, Regions Bank, Blue Cross, Blue Shield, Ballard Heath, Rural LIISC, Fannie Mae, Freddie Mac, the East Tennessee Foundation, United Wpublic fundraising, and private donations.

As a housing counseling agency, Clinch-Powell offers the following services: 1) Pre-Purchase Homebuyer Education Workshops-- utilizing the *Realizing the American Dream* curriculum; 2) Pre-Purchase Counseling--financial readiness to purchase/own an affordable home; 3) Post-Purchase Counseling and Workshops-- non-delinquency home improvement, energy efficiency; 4) Foreclosure Prevention/Loss Mitigation Counseling--assisting to resolve mortgage defaults; 5) Rental Counseling--locating safe/decent rental housing; 6) Household Budgeting & Credit Repair Counseling and Workshops--financial literacy and personal money management; 7) High-Cost Mortgage Counseling-- requirement of certain mortgage loans to ensure borrower's understanding of the risk of the loan. Clinch-Powell, along with Clinch-Powell Construction Company develops affordable single-family homes to sell to low- to moderate- income families. In addition to coordinating the packaging and servicing of select loan products, Clinch-Powell itself occasionally offers low-interest loans and grants for various affordable housing activities. Clinch-Powell NMLS #195063; Andrea Karr NMLS#1553157. Please visit <http://mortgage.nationwidelicencingsystem.org/> to find more information regarding history and profile as a mortgage lender. Lastly, Clinch-Powell is a property manager for a multi-family low-income apartment building, as well as, multiple single-family rental housing units which it also owns.

In providing counseling services, Clinch-Powell housing counselors will present to their clients several options in the furtherance of their housing goal/service, possibly including recommendations of some of the above listed services. The Clinch-Powell housing counselor will recommend only services that are in the best interest of the client, and will inform the client of any interests the organization has in any particular product or service. Within the agency, individual housing counselors may perform multiple affordable housing activities within the scope of their regular job duties, and as such, will not receive any additional funds or incentives specifically for those activities. Moreover, as per HUD guidelines, housing counselors will not simultaneously participate in specific housing activities.

As the client, you have the right to inquire as to specific relationships Clinch-Powell or its employees have with other entities. You also have the right to choose (or not) the products or services that you feel are right for your household, regardless of any option presented or recommendation made by the housing counselor. **YOU ARE UNDER NO OBLIGATION TO UTILIZE/RECEIVE, OR EVEN CONTINUE WITH SERVICES THROUGH YOUR HOUSING COUNSELOR OR CLINCH-POWELL AS A WHOLE.** Your decision to utilize or not utilize certain programs and products will not in any way affect your housing counseling service. If you decide to discontinue services with Clinch-Powell, or if your need is beyond the scope of the agency's capabilities, Clinch-Powell staff will assist you locating a more suitable local agency.

If you/your housing situation meet certain criteria, we may collect personal information directly from you and enter into a computer system call HMIS (Homeless Management Information System). Many agencies that provide assistance use this computer system to gather information about clients that are homeless or at risk of homelessness. We only collect information that we consider to be appropriate. You are not required to provide this information. However, without your information we may not be able to fully assist your needs. All information provided to the HMIS system is safeguarded and held under tightest security.

**All programs of Clinch-Powell are available without regard to race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status, because all or part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission- 600 Pennsylvania Avenue, NW, Washington DC 20580.**



# PRIVACY POLICY NOTICE

We may collect non-public personal information about you from the following sources: A)

Information that you provide to us orally or written, such as on applications or other forms; B) Information about your transaction with us or others; and C) Information from others, such as credit bureaus, real estate appraisers, lenders and employers.

We do not disclose any non-public personal information about you without your consent to anyone, except:

- information provided to your lender as required to gain approval for a loan or protect your current home,
- to government agencies and grantors in compliance with their respective monitoring and reporting requirements,
- in broader forms to partnering agencies for reporting purposes, joint applications, and/or compilation of statistical data,
- third parties that you have communicated to/with about the services you received from Clinch-Powell,
- as required by law.

To maintain security of customer information, we restrict access to your personal and account information to persons who need to know that information in order to provide you products and services requested with this application. We may disclose certain limited information to relevant third parties as part of a particular service as further described in the specific program authorization. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your non-public personal information. As a client, you have the right to opt-out and direct us to withhold non-public personal information from third parties, or to specify/limit to whom such information is provided. If you choose to opt-out, we will not be able to answer questions from third parties. To opt-out, you will need to make special note of this on this page, written separately, or explicitly stated to your counselor; not signing this page is not sufficient to opt-out. If at any time, you wish to change your decision with regard to your opt-out, you may call us at 865-828-5927 and do so.

If you decide to discontinue services through Clinch-Powell, we will still adhere to the policies and practices as described in this notice. The agency will continue to safely maintain your records for a period of time, of at least three (3) years, after which all digital files will be purged and paper documents will be shredded and destroyed.

**I have been provided a copy of, fully read, and understand the information within this disclosure, as well as, Clinch-Powell RC & D's policies regarding conflicts of interest and the confidentiality of client information as state above.**

HOMEOWNER

DATE

CO-OWNER

DATE

# Housing Counseling Agreement & Authorization

I/We \_\_\_\_\_ understand that Clinch-Powell RC&D Council provides housing stability counseling, part of which is a written action plan consisting of recommendations for handling my situation, possibly including referrals to other agencies as appropriate. I may be referred to other housing services of the organization or other agency or agencies as appropriate that may be able to assist with concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.  I choose to opt out

I agree to allow Clinch-Powell to pull my credit report at the time of intake and while my file is active. In lieu of a new credit pull, I agree to provide Clinch-Powell with a copy of my credit report dated within 30 days of the intake date. The Counselor will provide information and answer questions, but will not give any sort of tax or legal advice. If I want legal advice, I will be referred for appropriate assistance. It is the responsibility of the counselor to act quickly, provide accurate and useful advice, and to serve your interest. I understand that Clinch-Powell receives funds through THDA and Congressional funds through the Housing Stability Counseling program (HSCP) and, as such, is required to submit client-level information to the online reporting system and share some of my information with HSCP administrators or their agents for purposes of program monitoring, compliance and evaluation. I give permission for THDA, HSCP program administrators and/ or their agents to follow-up with me between now and June 30, 2026, for the purposes of program evaluation.  I choose to opt out

It is my responsibility to provide accurate information and follow through on the actions I agree upon. Such actions may include providing/returning documents in a timely manner, showing up to appointments on time, and canceling/rescheduling appointments at least 24hrs in advance. Providing false, misleading, or withholding information may result in the termination of services. Furthermore, it is my sole responsibility to update my counselor with any changes in my contact information; and by signing below, I am pledging to consistently and frequently check my e-mail inbox, voicemail, answering machine, and/or mail for any correspondence from my housing counselor. I also understand that while Clinch-Powell has a very high success rate with saving homes, they do not provide direct money to bring mortgages current, nor do they have control over my lenders decisions or recommendations.

I/We understand that this Action Plan and Budget Counseling are required components of Clinch-Powell's Foreclosure Prevention/Loss Mitigation program. I certify that all the information that I have provided has been given honestly and is true to the best of my knowledge. I/we give our consent for Clinch-Powell to use the information that we have provided in order to contact us in regards to our particular situation under the broader scope of housing counseling for a period of 5 years from the date below. While I agree to fully participate in all aspects of this program, I understand no outcomes can be guaranteed.

I/We have read, understand, and agree to the enclosed Privacy Policy and agency Disclosure. \_\_\_\_\_   
HOMEOWNER CO-OWNER

## Housing Counseling Action Plan

- ◆ Why are you behind on your mortgage?  Job loss/reduction  death  divorce  COVID  \_\_\_\_\_
- ◆ How many months behind is/are your mortgage(s)? \_\_\_\_\_ Or are you in  Forbearance  (Trial) Modification  Repayment
- ◆ Housing Goal:  Keep house  Sell house  Not sure  \_\_\_\_\_
- ◆ Barriers/Obstacles to reaching goal: \_\_\_\_\_

While my housing counselor, Susan E., Elizabeth G., or Sabrina S., is (over the next few weeks):

- ❖ reviewing my intake application, documents, and household budget,
- ❖ informing my lender that I/we are working with Clinch-Powell RC&D in order to help rectify our situation,
- ❖ pulling my credit report, verifying other information, and developing recommendations to improve to my budget, and
- ❖ assessing what workout options or programs I/we might qualify for, including lender's in-house, HAF, VA, & FHA options.

◆ I will: (check all that you think are reasonable for you/your family)

- Apply for assistance programs in my community  Have a yard sale/sell assets  Look for a second job
- Check my bank account every week in order to monitor spending  Start doing (or getting paid for) odd jobs
- Look for ways to, &/or negotiate lower payments for service costs (i.e. cable/internet, cell phone, etc.)
- Insist that other members of my household look for a part- or full-time job  Ask for help from friends and/or family
- Other: \_\_\_\_\_

◆ What actions have you already taken to improve your situation? \_\_\_\_\_

Other client/counselor tasks: \_\_\_\_\_

HOUSING COUNSELOR

HOMEOWNERS

## Monthly Household Expenses Worksheet

INSTRUCTIONS: Be honest, & try the best you can. Budget does NOT have to balance. Put a \* by items you are willing to reduce for Crisis Budget.

CATEGORY	ITEM	(AVERAGE) MONTHLY COST	NOTES
<b>HOUSING EXPENSES</b>	Rent or Mortgage(s)		Escrowed? <input type="checkbox"/> Yes <input type="checkbox"/> No or annual amount: _____
	Property Taxes or Lot Rent <i>(if not escrowed)</i>		
	Renters Insurance or Homeowner Insurance <i>(if not escrowed)</i>		or annual amount: _____
	Electricity		
	Wood /Coal /Oil /Gas (Propane)		
	Water/Sewer		
	Internet &/or Landline Telephone <i>(If not included w/ cable ↑)</i>		# of phones _____
	Cell Phone(s)		
	Property Upkeep		
<b>SUBTOTAL:</b>			

<b>LIVING EXPENSES</b>	<b>ATM</b> **** Please note which expenses you pay with cash		Cash?	
	Food	Grocery <i>(Not including Food Stamps)</i>		
		Restaurant/ Fast food/ Coffee		
		Medical/ Dental & Prescription Expenses <i>(Co-pays, etc)</i>		
		Child Support and/or Daycare <i>(Not including Families 1<sup>st</sup>)</i>		
		School Expenses		
		Transportation <i>(gasoline, car maintenance, bus fair)</i>		
		Auto Insurance		
		Other household expenses (cleaning, clothing, etc.) (WAL-MART, \$ GENERAL)		
		OTHER:		
<b>SUBTOTAL:</b>				

*\*List additional debts and lines of credit on another sheet if needed.*

	↓ COMPANY NAME ↓	TOTAL BALANCE OWED	INTEREST RATE	MONTHLY PAYMENT	ALLOWABLE MINIMUM PAYMENT	# OF MONTHS TO PAY OFF
<b>MONTHLY INSTALLMENT DEBT</b>	Auto Payments:					
	Auto Payments:					
	Credit Card:					
	Other: _____:					
	Other: _____:					
	Other: _____:					
	Cash Advance/Payday loans:					
	Appliance/Furniture Payments:					
	Student Loan Payments:					
<b>SUBTOTAL:</b>						

<b>Etc. MONTHLY EXPENSES</b>	Satellite/ Cable /Streaming services			
	Cigarettes, Tobacco, and/or Alcohol			
	Beauty & Personal Grooming <i>(Haircuts, manicures, &amp; toiletries, etc..)</i>			
	Recreation <i>(gym memberships, movies, hobbies, trips, etc..)</i>			
	Pet Care <i>(food, grooming, vet)</i>			
	Charity/Church/Gifts/Child allowance			
	OTHER:			
<b>SUBTOTAL:</b>				

**TOTAL MONTHLY EXPENSES =**

Note if any money is routinely set aside for SAVINGS →