3. Employer Information:

Please complete the information below and include **a copy of your pay-stub.**

Employer:_____

Address:_____ City:/ State:/ Zip:_____

How Long? _____ Occupation?_____

Spouse's Employer:_____

Address:_____ City:/ State:/ Zip:_____

How Long?_____ Occupation?_____

4. Total Monthly Income:

Your Gross Income: $_____ Net: $_____ Spouse's Gross: $_____Net: $_____

Other Income: Type/ Amount: _____/ $_____Total Net: _____

5.Financial Summary:

Total Net Monthly Income: **$_____**
From Item 4 Above

Less Total Monthly Expenses: **$_____**
Item 2 on page 2

Remaining money to work with: **$_____**
Income- Expenses

After Completion please copy and mail the original worksheet with:

1) A Copy of your and your spouse's pay-stub
2) Copies of current creditor's statements that you want on the program.

6.Savings/Investments:

Checking	$_____	IRA's	$_____
Regular Savings	$_____	Other Retirement	$_____
CD's/ Annuities	$_____	Insurance Cash Value	$_____
Stocks, Bonds $		Home Equity	$_____
Mutual Funds	$_____	Other (explain below)	$_____

Notes: _____
_____
_____
_____
_____
_____