

Expense Detail

Name(s) : _____

Property Address: _____

Expenses (All Borrowers)	Mthly Expense
Auto Insurance	\$
Auto Maint/Tires/Parking/Wash	\$
Auto Gas	\$
Personal Loans	\$
Health Insurance	\$
Medical / prescription costs	\$
Groceries/ Food	\$
Work Lunches	\$
Dining Out	\$
Water	\$
Sewer	\$
Electrical/Gas	\$
Telephone	\$
Cell Phone	\$
Cable/Satellite	\$
Internet	\$
School Fees / Supplies	\$
School Lunches	\$
Childcare	\$
New Clothes/Shoes	\$
Entertainment	\$
Savings For Vacation	\$
Hobbies	\$
Subscriptions/Magazines	\$
Clubs/Union Dues	\$
House Cleaner/Garden Service	\$
Pet Supplies & Food	\$
Veterinarian	\$
Spending Money	\$
Any Other Household Bills	\$

I certify the above figures are true and accurate to the best of my knowledge.

X _____

_____ Date

Print Name: _____

X _____

_____ Date

Print Name: _____