

NoForeclosure.com

Short Sale Program

Personal Financial Statement

Date: _____ Loan No. _____

Borrower's Name: _____

Borrower's Employer: _____

Co-Borrower's Name: _____

Co-Borrower's Employer: _____

Home Phone: _____

Cell Phone: _____

Number of Dependents: _____

Property Address: _____

Mailing Address (if different) : _____

Monthly Income:

Borrower's monthly NET income: \$ _____

Co-Borrower's monthly NET income: \$ _____

Other income: \$ _____

Monthly Income:

Mortgage \$ _____ Auto Insurance \$ _____

2nd Mortgage \$ _____ Food \$ _____

Other Mortgage \$ _____ Vehicle Payments \$ _____

Child Care \$ _____ Cable/Internet \$ _____

Alimony/Child Support \$ _____ Medical \$ _____

Telephone \$ _____ Rent \$ _____

Electricity \$ _____ Homeowners Ins \$ _____

Trash/Sewer \$ _____ Property Taxes \$ _____

Water \$ _____ Fuel \$ _____

Life Insurance \$ _____ Auto Insurance \$ _____

Entertainment \$ _____

Submit to : NoForeclosure Short Sales Department • eFax 1.877.401.4222 • ss@noforeclosure.com

