

FINANCIAL STATEMENT

Borrower Name: _____

Co-borrower
Name: _____

Loan #: _____

| BORROWER MONTHLY DEBTS | | |
|-------------------------------|---------------------------|--|
| Housing Expenses | 1st Mortgage | |
| | 2nd Mortgage | |
| | Property Taxes | |
| | Homeowners Insurance | |
| | Neighborhood/Condo Fee | |
| Utilities | Gas | |
| | Electric | |
| | Water | |
| | Sewer | |
| | Trash | |
| | Cell Phone | |
| | Home Phone | |
| | Cable | |
| | Internet | |
| Food/Supplies | Groceries | |
| | Household Supplies | |
| Transportation | Car Maintenance | |
| | Car Payment | |
| | Car Insurance | |
| | Gas for car | |
| Insurance | Med/Dent Insurance | |
| | Life/Disability Insurance | |
| Monthly Debts | Credit Cards | |
| | Personal Loans | |
| | Student Loans | |
| Other | Child Care/Education | |
| | Medical Expenses | |
| | Entertainment | |
| | Gifts | |
| | Misc. | |
| TOTAL | | |

| BORROWER MONTHLY INCOME | | |
|--------------------------------|--------------|------------|
| | Gross | Net |
| Wages, Job 1 | | |
| Wages, Job 2 | | |
| Wages, Job 3 | | |
| Wages, Job 4 | | |
| Self employed, job 1 | | |
| Self employed, job 2 | | |
| Social Security 1 | | |
| Social Security 2 | | |
| Social Security 3 | | |
| Social Security 4 | | |
| Pension 1 | | |
| Pension 2 | | |
| Child Support/Alimony | | |
| Food Stamps | | |
| Unemployment | | |
| Other _____ | | |
| Other _____ | | |
| TOTAL | | |

| SURPLUS/DEFICIT | | |
|--|--|---|
| Write total net income in the space below | Write total expenses in the space below | Subtract "expenses" from "net income" and write number below |
| | | |

Additional questions to be answered on next page

My opinion of the condition of my home is: _____

Describe what offers, if any, you as the Homeowner have made to your lender in an effort to resolve the default of the loan: _____

If you are self-employed, you must complete the attached Profit and Loss Statement for Self-Employed Homeowners.

Borrower Signature: _____

Date: _____

Co-borrower Signature: _____

Date: _____

This form was approved by the St. Louis County Counselor's Office.

Profit and Loss Statement for Self-Employed Homeowners

Note: This is a sample template to be used as a guide for homeowners. Depending on your business, you may be asked to provide additional information.

Name of Company: _____

Dates: ___/___/___ through ___/___/___.

| | | |
|------------------------|---|---|
| Gross margin | % | % |
| Return on sales | % | % |

Quarterly **OR** Year-to-date

Sales Revenue

| | | |
|----------------------------|----|----|
| Sales Revenue | \$ | \$ |
| Total Sales Revenue | \$ | \$ |

Cost of Sales

| | | |
|----------------------------|----|----|
| Product/Service | \$ | \$ |
| Total Cost of Sales | \$ | \$ |

| | | |
|---------------------|----|----|
| Gross Profit | \$ | \$ |
|---------------------|----|----|

Operating Expenses

Sales and Marketing

| | | |
|---|----|----|
| Advertising | \$ | \$ |
| Total Sales and Marketing Expenses | \$ | \$ |

Research and Development

| | | |
|--|----|----|
| Technology licenses | \$ | \$ |
| Total Research and Development Expenses | \$ | \$ |

General and Administrative

| | | |
|--|----|----|
| Officer wages and salaries | \$ | \$ |
| Employee wages and salaries | \$ | \$ |
| Supplies | \$ | \$ |
| Meals and entertainment | \$ | \$ |
| Rent | \$ | \$ |
| Telephone | \$ | \$ |
| Utilities | \$ | \$ |
| Depreciation | \$ | \$ |
| Insurance | \$ | \$ |
| Repairs and maintenance | \$ | \$ |
| Total General and Administrative Expenses | \$ | \$ |

| | | |
|---------------------------------|----|----|
| Total Operating Expenses | \$ | \$ |
|---------------------------------|----|----|

| | | |
|-------------------------------|----|----|
| Income from Operations | \$ | \$ |
|-------------------------------|----|----|

| | | |
|---------------------|----|----|
| Other Income | \$ | \$ |
|---------------------|----|----|

Taxes

| | | |
|------------------------|----|----|
| Income taxes | \$ | \$ |
| Payroll taxes | \$ | \$ |
| Real estate taxes | \$ | \$ |
| Other taxes (specify): | \$ | \$ |
| Other taxes (specify): | \$ | \$ |
| Total Taxes | \$ | \$ |

| | | |
|-------------------|----|----|
| Net Profit | \$ | \$ |
|-------------------|----|----|

Instructions for Completing Sample Profit and Loss Statement for Self-Employed Homeowners

Sample Profit and Loss Statement for Self-Employed Homeowners

Note: This is a sample template to be used as a guide for homeowners. Depending on your business, you may be asked to provide additional information.

Name of Company: _____

Dates: ___/___/___ through ___/___/___

| | | | | |
|------------------------|----------|--|--|---|
| Gross margin | 1 | | | % |
| Return on sales | 2 | | | % |

Quarterly **OR** Year-to-date

| | | | | |
|--|----------|----|----|--|
| Sales Revenue | | | | |
| Sales Revenue | | \$ | \$ | |
| Total Sales Revenue | 3 | \$ | \$ | |
| Cost of Sales | | | | |
| Product/Service | | \$ | \$ | |
| Total Cost of Sales | | \$ | \$ | |
| Gross Profit | 4 | \$ | \$ | |
| Operating Expenses | | | | |
| Sales and Marketing | | | | |
| Advertising | | \$ | \$ | |
| Total Sales and Marketing Expenses | | \$ | \$ | |
| Research and Development | | | | |
| Technology/licenses | | \$ | \$ | |
| Total Research and Development Expenses | | \$ | \$ | |
| General and Administrative | | | | |
| Officer wages and salaries | | \$ | \$ | |
| Employee wages and salaries | | \$ | \$ | |
| Supplies | | \$ | \$ | |
| Meals and entertainment | | \$ | \$ | |
| Rent | | \$ | \$ | |
| Telephone | | \$ | \$ | |
| Utilities | | \$ | \$ | |
| Depreciation | | \$ | \$ | |
| Insurance | | \$ | \$ | |
| Repairs and maintenance | | \$ | \$ | |
| Total General and Administrative Expenses | | \$ | \$ | |
| Total Operating Expenses | 5 | \$ | \$ | |
| Income from Operations | 6 | \$ | \$ | |
| Other Income | 7 | \$ | \$ | |
| Taxes | | | | |
| Income taxes | | \$ | \$ | |
| Payroll taxes | | \$ | \$ | |
| Real estate taxes | | \$ | \$ | |
| Other taxes (specify): | | \$ | \$ | |
| Other taxes (specify): | | \$ | \$ | |
| Total Taxes | | \$ | \$ | |
| Net Profit | 8 | \$ | \$ | |

The numbered sections correspond to the definitions below. Please note that the numbered order of the definitions is not necessarily the order in which the form should be completed.

In the columns, provide **either** your most recent Quarterly **or** Year-to-date numbers

1. Gross Margin = (Gross Profit) / (Total Sales Revenue)
2. Return on Sales = (Net Profit) / (Total Sales Revenue)
3. Total Sales Revenue = All Income from Sales or Services. All money collected from the work you have done.
4. Gross Profit = (Total Sales Revenue) - (Total Cost of Sales)
5. Total Operating Expenses = (Total Sales and Marketing Expenses) + (Total Research and Development Expenses) + (Total General and Administrative Expenses)
6. Income from Operations = (Gross Profit) - (Total Operating Expenses)
7. Examples of Other Income includes: bad debts recovered, interest, tax refunds and other miscellaneous business income
8. Net Profit = (Income from Operations) + (Other Income) - (Total Taxes)