

Form RD 1944-3
(Rev. 6-97)

BUDGET AND/OR FINANCIAL STATEMENT

| | | |
|--------------------------------------|-----------------------|---|
| 1. NAME OF APPLICANT/BORROWER: | 2. HOME PHONE NUMBER: | 3. AGES OF PERSONS IN HOUSEHOLD: Applicant/Borrower: _____ Children: _____ Co-Applicant/Co-Borrower: _____ Others _____ |
| 4. NAME OF CO-APPLICANT/CO-BORROWER: | 5. WORK PHONE NUMBER: | |
| 6. ADDRESS: | | 7. PERIOD COVERED BY PLAN: _____ 20____ thru _____ 20____ |

BUDGET

PART 1 - PLANNED EXPENSES AND PAYMENTS

| A - CASH EXPENSES | MONTHLY | NEXT 12 MONTHS | B - DEBT PAYMENTS | MONTHLY | NEXT 12 MONTHS |
|--|---------|----------------|---|---------|----------------|
| FOOD: | \$ | \$ | HOUSE PAYMENT: | | |
| CLOTHING: | | | CAR/TRUCK: | | |
| MEDICAL: <i>(Doctor, dentist, eyeglasses, medication, etc.)</i> | | | CAR/TRUCK: | | |
| PERSONAL: <i>(Beauty shop, barber, liquor, cigarettes, newspapers, magazines, etc.)</i> | | | OTHER VEHICLES AND EQUIPMENT: | | |
| HOUSEHOLD: | | | OTHER: <i>(Credit cards, medical, installment loans, personal debts, other real estate etc.)</i> (LIST) | | |
| FUEL: | | | | | |
| ELECTRICITY: | | | FEDERAL DEBTS: | | |
| TELEPHONE: | | | | | |
| CABLE TV: | | | | | |
| WATER AND/OR SEWER: | | | PLANNED CREDIT PURCHASES: <i>(Furniture appliances, etc.)</i> | | |
| OTHER: | | | | | |
| HOME REPAIR AND MAINTENANCE: <i>(Appliances, paint, yard, etc.)</i> | | | | | |
| EDUCATION: <i>(Tuition, books, supplies, fees, school lunches, etc.)</i> | | | TOTAL DEBT PAYMENTS: | \$ | \$ |

PART 2 - HOUSEHOLD INCOME

| | | |
|---|----|----|
| APPLICANT/BORROWER: <i>(Wages, tips, overtime, etc.)</i> | | |
| CO-APPLICANT/CO-BORROWER: <i>(Wages, tips, overtime, etc.)</i> | | |
| NET BUSINESS INCOME: | | |
| OTHER: <i>(Social Security, retirement, alimony, child support, VA, Public assistance, other income, etc.)</i> | | |
| TOTAL HOUSEHOLD INCOME: | \$ | \$ |

PART 3 - SUMMARY

| | | | | | |
|---|----|----|--|----|------|
| TAXES: | | | A. TOTAL INCOME (PART 2) | \$ | \$ |
| REAL ESTATE: | | | | | |
| INCOME: | | | B. CASH <i>(Checking, savings, etc.)</i> | | |
| SOCIAL SECURITY: | | | C. TOTAL EXPENSES AND DEBT PAYMENTS (PART 1A + 1B) | | |
| PERSONAL PROPERTY: | | | | | |
| UNION OR PROFESSIONAL DUES: | | | D. BALANCE (A + B - C) | \$ | \$ |
| CHILD CARE: <i>(Daycare, babysitting, etc.)</i> | | | SIGNATURE OF APPLICANT/BORROWER | | DATE |
| CHILD SUPPORT/ALIMONY: <i>(Paid out)</i> | | | SIGNATURE OF CO-APPLICANT/CO-BORROWER | | DATE |
| PLANNED CASH PURCHASES: <i>(Furniture, appliances, etc.)</i> | | | SIGNATURE OF AGENCY OFFICIAL <i>(I have reviewed this budget and it appears to be a reasonable projection of income and expenses)</i> | | DATE |
| LOAN CLOSING COSTS: <i>(Not included in loan)</i> | | | | | |
| MOVING EXPENSES: | | | | | |
| OTHER: | | | | | |
| TOTAL CASH EXPENSES | \$ | \$ | | | |

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FINANCIAL STATEMENT

| ITEM | VALUE (ASSETS) | UNPAID DEBT (LIABILITIES) | MONTHLY PAYMENT | AMOUNT DELIN- QUENT | PAYMENT DUE WITHIN NEXT 12 MONTHS | FINAL DUE | NAME AND ADDRESS OF CREDITOR AND ACCOUNT NUMBER |
|---|-------------------|---------------------------------|--------------------|---------------------------|--|--------------|--|
| | (A) | (B) | (C) | (D) | (E) | (F) | (G) |
| Dwelling | \$ | \$ | \$ | \$ | \$ | \$ | |
| Other real estate | | | | | | | |
| Mobile Home | | | | | | | |
| Car (Yr. & make) | | | | | | | |
| Car (Yr. & make) | | | | | | | |
| Truck (Yr. & make) | | | | | | | |
| Other Vehicles and Equipment (Boats, Motorcycles, etc.) | | | | | | | |
| Household Goods | | | | | | | |
| Appliances | | | | | | | |
| TV Set(s) | | | | | | | |
| Furniture | | | | | | | |
| Other | | | | | | | |
| Taxes Due: | | | | | | | |
| Real Estate | | | | | | | |
| Pers. Prop. | | | | | | | |
| Income Tax | | | | | | | |
| Soc. Sec. Tax | | | | | | | |
| Other Debts: | | | | | | | |
| Personal Loan | | | | | | | |
| Hospital | | | | | | | |
| Doctor | | | | | | | |
| Dentist | | | | | | | |
| Child Support and Alimony | | | | | | | |
| Federal Debts | | | | | | | |
| Credit Cards | | | | | | | |
| Other | | | | | | | |
| Rent | | | | | | | |
| Cash-on-hand (Including Savings & Checking Accounts, CD, etc.) | | | | | | | |
| Accounts Receivable | | | | | | | |
| Bonds & Other Securities | | | | | | | |
| Cash Value of Life Insurance | | | | | | | |
| TOTAL | \$ | \$ | \$ | \$ | \$ | \$ | NET WORTH <small>Col. A minus Col. B</small> |

I certify that the above statement is true and correct to the best of my knowledge and belief.

WARNING: Section 1001 of title 18, United States Code provides: "whoever, in any matter within jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years or both."

| | | | |
|---------------------------------|------|---------------------------------------|------|
| SIGNATURE OF APPLICANT/BORROWER | DATE | SIGNATURE OF CO-APPLICANT/CO-BORROWER | DATE |
|---------------------------------|------|---------------------------------------|------|