



FINANCIAL COUNSELING STATEMENT

1. INTERVIEW CONDUCTED:

- IN FIELD
 IN OFFICE BY PHONE

2. DATE OF INTERVIEW

3. NAMES(S) OF PERSON(S) INTERVIEWED

4. TELEPHONE NUMBERS (Include Area Code)

HOME

OFFICE

5. LOAN NUMBER

SECTION I - FINANCIAL INFORMATION (Complete VA Form 26-6807, Financial Statement, if appropriate)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF EMPLOYER (Include Area Code)

7. LENGTH OF EMPLOYMENT

8. TYPE OF WORK

9. AGE OF HOMEOWNER

10. NAME, ADDRESS, AND TELEPHONE NUMBER OF SPOUSE'S EMPLOYER (Include Area Code)

11. LENGTH OF EMPLOYMENT

12. TYPE OF WORK

13. AGE OF SPOUSE

14. NAME, ADDRESS, AND TELEPHONE NUMBER OF NEXT OF KIN (Include Area Code)

15. AGE(S) OF OTHER DEPENDENT(S)

16. AVERAGE MONTHLY INCOME FROM ALL SOURCES
 (Disclosure of child support, alimony and maintenance income is optional)

A. SALARIES (Gross pay)

B. COMPENSATION OR PENSION

C. OTHER

D. TOTAL

\$

\$

\$

\$

17. ESTIMATED MONTHLY DEBTS (Other than mortgage)

A. NAME OF CREDITOR

B. DATE DUE

C. BALANCE DUE

D. MONTHLY PAYMENTS

\$

\$

TOTAL

\$

\$

18. REASON FOR DELINQUENCY

19. DELINQUENCY REGARDED AS:

- TEMPORARY PERMANENT

SECTION II - MONTHLY OBLIGATIONS AND BUDGET

	DESCRIPTION	EXISTING OBLIGATIONS	PROPOSED BUDGET
20. HOUSE EXPENSES	A. MORTGAGE LOAN PAYMENTS (Include investment properties, rents paid, and subordinate mortgages)	\$	\$
	B. PROPERTY TAXES (Not included in "A" above)		
	C. TELEPHONE AND UTILITIES (Electricity, gas, fuel, water, etc.)		
	D. HOME MAINTENANCE AND REPAIRS		
	E. GARDEN AND POOL MAINTENANCE		
	F. HOUSEHOLD FURNISHINGS		
	G. HOUSEHOLD HELP AND/OR CHILD CARE (Including Social Security, car fare, etc.)		
	H. HOMEOWNER'S AND/OR PROPERTY INSURANCE PREMIUMS (Not included in "A" shown above)		
	I. SUB TOTAL	\$	\$
21. BASIC FAMILY EXPENSES	A. GROCERIES AND HOUSEHOLD ITEMS	\$	\$
	B. CLOTHING PURCHASES (Work, children, personal)		
	C. LAUNDRY AND DRY CLEANING		
	D. MEDICAL EXPENSES (Physician, dentist, pharmacy)		
	E. HEALTH INSURANCE PREMIUMS		
	F. EDUCATION (Tuition, supplies, room and board, etc.)		
	G. VEHICLE PAYMENTS		
	H. VEHICLE EXPENSES (Gas, oil, repairs, insurance)		
	I. COMMUTING EXPENSES (Other than personal vehicles)		
	J. POCKET MONEY (Allowances, wife, husband, children, lunches)		
	K. SUB TOTAL	\$	\$
22. ADDITIONAL FAMILY EXPENSES	A. ENTERTAINMENT (Meals, shows, etc.)	\$	\$
	B. VACATIONS AND CAMPS		
	C. RECREATION (Skiing, boats, riding, etc.)		
	D. SPECIAL COURSES OR LESSONS		
	E. GIFTS (Birthdays, anniversaries, etc.)		
	F. CHARITABLE CONTRIBUTIONS		
	G. CLUB DUES AND EXPENSES		
	H. BOOKS AND SUBSCRIPTIONS (Record clubs, etc.)		
	I. PETS (Food, veterinary care)		
	J. SUB TOTAL	\$	\$
23. OTHER EXPENSES	A. FEDERAL INCOME TAXES	\$	\$
	B. STATE AND CITY INCOME TAXES		
	C. SOCIAL SECURITY TAXES AND/OR RETIREMENT DEPOSIT		
	D. LIFE INSURANCE PREMIUMS		
	E. DISABILITY INSURANCE PREMIUMS		
	F. INSTALLMENT LOAN PAYMENTS (Including interest)		
	G. PROFESSIONAL SERVICES (Union dues, accounting, legal, investment, etc.)		
	H. ALIMONY		
	I. CHILD SUPPORT		
	J. OTHER EXPENSES		
	K. SUB TOTAL	\$	\$
24. TOTAL MONTHLY EXPENSES		\$	\$

25. RECAP: INCOME/EXPENSES

A. MONTHLY GROSS INCOME (Item 16D)

B. MINUS MONTHLY EXPENSES (Item 24)

C. TOTAL

\$

- \$

= \$

SECTION III - NET WORTH STATEMENT

26. ASSETS

A. REAL ESTATE <i>(Market value of real estate owned)</i>	\$
B. CASH <i>(The total amount in savings, checking, and money market accounts)</i>	
C. SECURITIES <i>(Marketable value of stocks, bonds, mutual funds, shares and other securities)</i>	
D. INSURANCE <i>(Cash value of borrower's life insurance policies)</i>	
E. RETIREMENT INCOME ACCOUNTS <i>(IRA, Keogh Plan, Employer Sponsored, etc.)</i>	
F. VEHICLES <i>(Include trucks, vans, boats, campers, airplanes, motorcycles and automobiles)</i>	
G. APPLIANCES <i>(Cash value of washer/dryer, television set, etc.)</i>	
H. HOME FURNISHINGS <i>(Cash value of furniture, fixtures, etc.)</i>	
I. OTHER ASSETS <i>(Market value of jewelry, stamp collection, etc.)</i>	
J. TOTAL ASSETS ▶	\$

27. LIABILITIES

A. LONG-TERM DEBT BALANCES THAT GO BEYOND ONE YEAR <i>(Outstanding Balance)</i>	(1) MORTGAGE PRINCIPAL(S)	\$
	(2) AUTOMOBILE LOAN(S)	
	(3) APPLIANCE LOAN(S)	
	(4) EDUCATION LOAN(S)	
B. SHORT-TERM BALANCES TO BE PAID WITHIN ONE YEAR	(1) DEPARTMENT STORE CHARGE ACCOUNTS	
	(2) OTHER CHARGE ACCOUNTS	
	(3) OTHER INSTALLMENT CREDIT	
	(4) OTHER FAMILY DEBTS <i>(Medical, back taxes, etc.)</i>	
C. TOTAL LIABILITIES		\$

28. NET WORTH *(Item 26J minus Item 27C)* ▶

\$

29. COMMENTS AND SUGGESTIONS *(Include any areas where expenses can be reduced or income can be increased so obligor(s) can meet loan obligations)*

30. WAS AN UNDERSTANDING REACHED WITH OBLIGOR(S) ON STEPS NECESSARY TO ALIGN EXPENSES WITH INCOME?

YES NO

31. WAS A MONTHLY BUDGET PREPARED?

YES NO

32. SCHEDULE OF PROPOSED PAYMENTS

DATE							
AMOUNT							

SECTION IV - SIGNATURES

PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., to a member of Congress inquiring on your behalf) as identified in the VA system of records, 55VA26, Loan Guaranty Home, Condominium and Manufactured Home Loan Applicant Records, Specially Adapted Housing Applicant Records, and Vendee Loan Applicant Records - VA, published in the Federal Register. Your obligation to respond is voluntary, but without this information, VA may be unable to provide financial counseling or assistance in dealing with your mortgage loan holder.

RESPONDENT BURDEN: An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control Number. The OMB control number for this project is 2900-0270, and it expires XX/XX/20XX. Public reporting burden for this collection of information is estimated to average 45 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden to VA Reports Clearance Officer at VACOPaperworkReduAct@VA.gov. Please refer to OMB Control No. 2900-0270 in any correspondence. Do not send your completed VA Form 26-8844 to this email address.

33. SIGNATURE OF BORROWER/APPLICANT	34. DATE	35. SIGNATURE OF SPOUSE	36. DATE
37. DATE	38. SIGNATURE OF REPRESENTATIVE		