

2

4. HOUSEHOLD GROSS INCOME

Gross Monthly Income	Applicant	Co-Applicant	Other Household Member	Other Household Member	Total
Base Employment Wages/Salary:	\$	\$	\$	\$	\$
Overtime:	\$	\$	\$	\$	\$
Bonuses:	\$	\$	\$	\$	\$
Commissions:	\$	\$	\$	\$	\$
Self-Employment:	\$	\$	\$	\$	\$
Unemployment:	\$	\$	\$	\$	\$
Social Security:	\$	\$	\$	\$	\$
Pension:	\$	\$	\$	\$	\$
Disability:	\$	\$	\$	\$	\$
AFDC:	\$	\$	\$	\$	\$
Food Stamps:	\$	\$	\$	\$	\$
Regular contributions/gifts:	\$	\$	\$	\$	\$
Alimony:	\$	\$	\$	\$	\$
Child Support:	\$	\$	\$	\$	\$
Net Rental Income:	\$	\$	\$	\$	\$
Dividends from investments:	\$	\$	\$	\$	\$
Interest income:	\$	\$	\$	\$	\$
Other income:	\$	\$	\$	\$	\$
<b>TOTAL MONTHLY:</b>	\$	\$	\$	\$	\$
<b>TOTAL ANNUAL:</b>	\$	\$	\$	\$	\$

5. PROPERTY INSURANCE

Do you have **Homeowner's Insurance**?  Yes  No, If "Yes", provide:

Insurance company name:			
Name of your agent:			
Address of your agent:			
Policy number:			
Date policy expires:		Amount of coverage:	\$

Do you have **Windstorm Insurance**?  Yes  No, If "Yes", provide:

Insurance company name:			
Name of your agent:			
Address of your agent:			
Policy number:			
Date policy expires:		Amount of coverage:	\$

Do you have **Flood Insurance**?  Yes  No, If "Yes", provide:

Insurance company name:			
Name of your agent:			
Address of your agent:			
Policy number:			
Date policy expires:		Amount of coverage:	\$

6. OTHER REAL ESTATE OWNED

Do you own any real estate other than your home?  Yes  No, If "Yes", describe below:

Other real estate owned: \_\_\_\_\_

\_\_\_\_\_