

Personalized Financial Analysis Form

Name	Email Address	Phone <i>(optional)</i>	Instructor

Total Monthly Net Income

\$ _____
Average Combined Income after taxes

Liabilities (Debt)

Mortgage	Balance	Interest	Term	Time Remaining	Monthly Payment*
_____	\$ _____	_____ %	_____	_____ Yr ____ Mo	\$ _____
_____	\$ _____	_____ %	_____	_____ Yr ____ Mo	\$ _____
_____	\$ _____	_____ %	_____	_____ Yr ____ Mo	\$ _____

*Do not include escrow (property tax and homeowners insurance)

Credit Card/LOC	Balance	Interest	Credit Limit	Monthly Payment
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____
_____	\$ _____	_____ %	\$ _____	\$ _____

Loan	Balance	Interest	Monthly Payment
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____
_____	\$ _____	_____ %	\$ _____

Auto Loan	Balance	Interest	Time Remaining	Monthly Payment
_____	\$ _____	_____ %	_____ Yr ____ Mo	\$ _____
_____	\$ _____	_____ %	_____ Yr ____ Mo	\$ _____

Total Monthly Liability Payment: \$ _____

Expenses (Combined: Applicant and Co-Applicant) Frequency: w = weekly, m = monthly, bi-m = bi-monthly, semi = semi annually, a = annually

Household Expenses			Personal Expenses		
	amount	frequency		amount	frequency
Rent/Lease	\$ _____	()	Medical/Dental Co-Payment	\$ _____	()
Home Maintenance	\$ _____	()	Medications	\$ _____	()
Property Taxes	\$ _____	()	Retirement Fund	\$ _____	()
Association Fees	\$ _____	()	Savings	\$ _____	()
Electricity	\$ _____	()	Tuition/Materials	\$ _____	()
Home Gas	\$ _____	()	Eating Out	\$ _____	()
Water	\$ _____	()	Child Care	\$ _____	()
Sewer	\$ _____	()	Lessons	\$ _____	()
Cable/Satellite TV	\$ _____	()	Sports	\$ _____	()
Internet Service	\$ _____	()	Fitness Club Membership	\$ _____	()
Newspaper/Magazine Subscription(s)	\$ _____	()	Presents/Gifts	\$ _____	()
Telephone	\$ _____	()	Vacations	\$ _____	()
Cell/Mobile Phone	\$ _____	()	Clothing	\$ _____	()
Groceries/Household Items	\$ _____	()	Dry Cleaning	\$ _____	()
Trash Pickup Fee	\$ _____	()	Donations	\$ _____	()
Yard Maintenance	\$ _____	()	Tithing/Offering	\$ _____	()
Pool Service	\$ _____	()	Leisure	\$ _____	()
Pest Control	\$ _____	()	Miscellaneous/Other	\$ _____	()
House Cleaning Service	\$ _____	()			
Miscellaneous/Other	\$ _____	()			
Insurance Expenses			Auto Expenses		
	amount	frequency		amount	frequency
Homeowners Insurance	\$ _____	()	Fuel	\$ _____	()
Life Insurance	\$ _____	()	Maintenance	\$ _____	()
Automobile Insurance	\$ _____	()	Automobile Lease	\$ _____	()
Liability Insurance	\$ _____	()	Parking	\$ _____	()
Health Insurance	\$ _____	()	Registration	\$ _____	()
Identity Theft Insurance	\$ _____	()	Safety Check	\$ _____	()
			Miscellaneous/Other	\$ _____	()
				Total Monthly Expenses:	\$ _____

Authorization & Return Instructions

You may send this completed worksheet to your 101 Financial Instructor or directly to 101 Financial via one of the methods below, or use our online form at www.101Financial.com/SupportTeam/

Mail: 101 Financial, PO Box 101, Kahuku, Hawaii 96731

Fax: (866) 9999-101

Email: info@101Financial.com

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