

## Freedom Financial Law Financial Profile

Section 1	APPLICANT	CO-APPLICANT		
Name				
Street Address				
City, State, Zip Code				
Email Address				
Home Phone				
Work Phone				
Cell Phone				
Fax				
Marital Status (M,S,D,W)				
No. Children/Dependent at Home				
Rent or Own?				
Social Security #				
Birth Date				
Employer's Name				
Position/ Type of Work				
<b>Section 2 INCOME (Please round all figures to the nearest dollar)</b>				
Net Monthly Income Type/Amt.				
Additional Income 1 Type/ Amt.				
Additional Income 2 Type/ Amt.				
<b>TOTAL INDIV. INCOME</b>				
<b>TOTAL JOINT INCOME</b>				
<b>Section 3 MONTHLY EXPENSES</b>				
Home rent/ lot rent		<b>INSURANCE:</b>		
Homeowners Association		auto insurance		
Car usage: gas/ parking		medical insurance		
Groceries		life insurance		
Dining out/ work, school lunch		home insurance		
<b>UTILITIES:</b>		Healthcare		
electric/gas		Childcare		
water/ sewer		Child Support/Alimony		
garbage		Education		
home telephone		Tithe/ Donations		
cellular telephone		Leisure (clubs, hobbies, etc.)		
internet		Reserve: \$50 per person in home		
cable		Other:		
Clothing		Other:		
Personal Care (salon, dry clean)		Other:		
		<b>TOTAL EXPENSES</b>		
<b>Section 4 SECURED DEBTS (Debts NOT included in the program)</b>				
Creditor	Months Left	Current Balance	Current? Y or N	Monthly Payment
Mortgage				
Second Mortgage				
HELOC				
Auto #1				
Auto #2				
Student Loan				
Taxes				
Other				
Other				
<b>Total Monthly Secured Debt Payments</b>				

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Section 5 DEBT SERVICE CASH FLOW (Disposable Income)					
Total Joint Income					
Monthly Expenses					
Secured Debt					
Reserve for Debt under \$750					
Counseling Fee					
Bank Fee					
<b>Debt Service Cash Flow (Disposable Income)</b>					
Section 6a UNSECURED DEBTS OVER \$750 (Debts included in the program)					
Creditor	Account #	Balance	Current? Y or N	Min. Payment	
<b>Total Unsecured Debt Owed</b>					
Section 6b UNSECURED DEBTS UNDER \$750					
Creditor	Account #	Balance	Current? Y or N	Min. Payment	
<b>Total Unsecured Debt Owed</b>					
<b>Total of Section 6a &amp; 6b</b>					
NOTES: FOR OFFICE USE ONLY					
Section 7 ASSETS					
Item			Equity Value		
Home					
Other Real Estate Property					
Auto #1					
Auto #2					
Stocks/Bonds/Mutual Funds					
Retirement Account					
Retirement Account					
Savings					
Other					
Other					
<b>Total Equity Value</b>					
NOTES: Please include a brief description for cause of financial hardship					