

## Documents Needed for Post Purchase Counseling

In order to better assist you, **we require that you provide us with the following documents at your counseling session.**

We need the following documents to better understand the whole picture of your individual situation and what options might be available.

Name: \_\_\_\_\_

### **Intake Packet**

- Post Purchase/Refinance Intake Form
- Income & Spending Plan (completed to the best of your ability)
- Proof of income (One month's recent pay stubs, SSI statement, child support, etc)
- If Self Employed, last 2 years of Tax Returns & Current Year Profit & Loss

### **Mortgage/Property Documentation**

- Mortgage statement (most recent)
- Most Recent Property/School Tax Bill or last Escrow Analysis Statement from Lender

### **Other**

- \$18.40 per Person for Credit Report-Soft Pull (OR bring tri-merge credit report with FICO® scores no more than 30 days old)
- Asset documentation
  - Bank statements (1 month)
- Bankruptcy documentation including all schedules (if applicable)
- Contractor Estimate(s) for repairs (if applicable)

### **If Paying off Consumer Debt is your Goal:**

- Budgeting Prep Worksheets
- Most Recent Credit Card Statement(s)

# Income and Spending Plan

<b>Spending Group</b>	<b>Money Out &amp; Savings Categories</b>	<b>Monthly Target Amt.</b>	<b>Actual Amt. Per Month</b>	<b>Periodic Expenses</b>
<b><u>Savings</u></b>	Savings / Investments			
<b><u>Medical</u></b>	Medical Insurance			
	Co-Pays/Doctors			
	Non-Prescription Medication			
	Medication Prescribed			
	Veterinary			
<b><u>Education</u></b>	Student Fees			
	Tuition			
	Books			
	Supplies			
<b><u>Entertainment</u></b>	Cable / Satellite TV			
	Movies / Shows			
	Literature/Newspapers/Mags.			
	Travel Fares & Lodging			
<b><u>Housing</u></b>	Rent / Leases			
	Mortgage / Home			
	Furnishings			
	Home Repairs			
	Home Improvements			
	Insurance – Home/Renters			
	Utilities – Heat / Power			
	Utilities – Water/Sewer/Garbage			
	Cell Phone(s)			
	Telephone/Fax			
	Internet			
	Lawn Care/Snow Removal			
<b><u>Food</u></b>	Groceries			
	Meals Out			
	Kids Lunch			
	Pet Supplies			

**OVER**

# Income and Spending Plan

## Cont'd

Spending Group	Money Out & Savings Categories	Monthly Target Amt.	Actual Amt. Per Month	Periodic Expenses
<b><u>Personal Care</u></b>	Hair Cuts			
	Grooming			
	Laundry/Dry Cleaning			
<b><u>Transportation</u></b>	Auto Loan 1			
	Auto Loan 2			
	Gas/Oil			
	Auto Repir(s)			
	Insurance			
	Parking/Tolls			
	License/Registration			
	Auto Cleaning			
<b><u>Other</u></b>	Bank Charges			
	Child Care			
	Postage/Shipping			
	Gifts			
	Life Insurance			
	Misc. Money			
	Charitable Contributions			
	Credit Card 1			
	Credit Card 2			
	Credit Card 3			
	Credit Card 4			
	Credit Card 5			

<b>TOTAL MONEY OUT / SAVINGS</b>		
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		Monthly Target Amt.	Actual Amt. Per Month
INCOME	Wages/Salary 1		
	Wages/Salary 2		

<b>TOTAL MONEY IN</b>		
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