



200 N. Vineyard Blvd., Suite A300
Honolulu, HI 96817
Ph: 808.587.7886
Fax: 808.587.7899
Toll Free: 1.866.400.1116

Aloha,

Thank you for contacting Hawaiian Community Assets (HCA). HCA is a nonprofit HUD-approved housing counseling agency founded in 2000 that provides free foreclosure prevention assistance to Hawaii homeowners statewide.

What does HCA provide?

- Financial Assessments to determine available foreclosure prevention work out options
- Personalized, confidential assistance to help you secure work out plans to prevent foreclosure
- Communication with you and your lender/servicer as necessary
- Quality financial training to establish emergency household budgets and repayment plans

What do you NEED to provide HCA?

- Completed, signed, and dated HCA forms
- Copies of up-to-date, required financial documents

HCA Forms

- HCA Intake Form
- Privacy Policy
- Authorization
- Authorization to Release Information
- Opt Out Disclosure
- Foreclosure Mitigation Counseling Agreement
- HUD Housing Counseling Disclosure Statement
- Hold Harmless Agreement
- Financial Hardship Letter
- Emergency Household Budget

Copies of Financial Documents

- Most recent 2 months of pay stubs, public benefits statements, or profit-loss statements (if self-employed)
- Most recent 2 months of bank statements for all bank accounts
- Most recent utility bills (electricity, phone, water)
- Most recent mortgage statement

HCA needs a **complete packet** (all HCA Forms and Copies of Financial Documents listed above). If we do not receive a **complete packet**, we will need to request more documents. This will slow down your ability to secure a work out plan. Please send your **complete packet** to:

Hawaiian Community Assets
Attn: Foreclosure Prevention
200 N. Vineyard Blvd., Suite #A300
Honolulu, HI 96817
info@hawaiiancommunity.net

Mahalo,

Hawaiian Community Assets
1.866.400.1116



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PERSONAL INTAKE FORM

General Information	Client	Co-Client
Name		
Social Security #		
Date of Birth		
Home Phone Number		
Cell Number		
Email Address		
Present Address:		
Street		
City, State & Zip		
Length of Occupancy	Housing Payment \$	Housing Payment \$
	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
Landlord Information		
Name:		
Phone:		
Address:		
if less than 2 years at present address please list previous address		
Previous Address:		
Street		
City, State & Zip		
	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other
Housing Payment:		
Demographics	Client	Co-Client
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Check All That Apply	<input type="checkbox"/> Single Head of Household <input type="checkbox"/> Female Head of Household <input type="checkbox"/> First Time Homebuyer <input type="checkbox"/> US Veteran <input type="checkbox"/> Owned Home in Last 3 Years <input type="checkbox"/> Disabled	<input type="checkbox"/> Single Head of Household <input type="checkbox"/> Female Head of Household <input type="checkbox"/> First Time Homebuyer <input type="checkbox"/> US Veteran <input type="checkbox"/> Owned Home in Last 3 Years <input type="checkbox"/> Disabled
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White
Number of Dependents	Ages:	Ages:



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Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident
Highest Education Level	<input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma/ GED <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree	<input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma/ GED <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree
Check All That Apply	Victim of discrimination <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim of discrimination <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Information	Client	Co-Client
Current Employer		
Employer Address		
City, State & Zip		
Phone		
Position		
Monthly Income		
Start Date		
If employed at current job less than 2 years please list previous employment		
Previous Employer		
Employer Address		
City, State & Zip		
Phone		
Position		
Monthly Income		
Start Date	End Date:	End Date:
Additional Monthly Sources of Income	Bonuses/Commissions \$	Bonuses/Commissions \$
	Retirement/ Pension \$	Retirement/ Pension \$
	Alimony/Child Support \$	Alimony/Child Support \$
	Social Security \$	Social Security \$
	Disability \$	Disability \$
	Unemployment \$	Unemployment \$
Assets	Name of Institution Amount	Name of Institution Amount
Checking	\$	\$
Savings	\$	\$
Stocks/Bonds	\$	\$
Retirement Account	\$	\$
Certificate of Deposit	\$	\$
Auto	\$	\$
Home	\$	\$



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<u>Liabilities</u>		<u>Client</u>		<u>Co-Client</u>		
	<u>Creditor</u>	<u>Balance</u>	<u>Creditor</u>	<u>Balance</u>		
Auto Loan		\$		\$		
Auto Loan #		\$		\$		
Personal/Other Loan		\$		\$		
Credit Card		\$		\$		
Credit Card #2		\$		\$		
Other		\$		\$		
<u>Public Assistance</u>		<u>Years Received</u>	<u>Amount</u>	<u>Years Received</u>	<u>Amount</u>	
Food Stamps			\$		\$	
Section 8			\$		\$	
Cash Assistance			\$		\$	
			Total:	Total:		
<u>Declarations</u>			<u>Client</u>		<u>Co-Client</u>	
Have you ever filed for bankruptcy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe any outstanding taxes, judgments, liens?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you obligated to pay alimony, child support or separate maintenance?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently a co-signer for a loan?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you owned real estate in the last 3 years?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><u>Authorization:</u> I/we authorize Hawaiian Community Assets, Inc. to obtain a personal credit report for the purpose of assessing my credit situation. The information obtained on my credit report will be held confidentially. I/we further authorize HCA to transmit information about me to any of its funders for reporting and/or statistical purposes only. I/we authorize HCA to re-verify any and all information and documentation contained in this intake application at any time. Such information includes, and is not limited to, verification of employment, income, bank accounts, investments accounts, credit history, and copies of income tax returns.</p> <p><u>Photo/Video Release:</u> I/we hereby give my permission for images captured during the classes through video, photo or digital camera to be used solely for the purpose of promotional material and publication and waive any rights of compensation or ownership thereto.</p> <p><u>Case Management:</u> Case management services may include financial assessments, service planning, and assistance with filling out an application for qualification for a mortgage, linkages with community resources, outreach and supportive counseling. I/we consent to allow HCA to receive, exchange, or obtain information on my behalf for the purpose of assisting with homeownership.</p> <p><u>No Obligation:</u> The counseling services, and other forms of assistance that may be offered by Hawaiian Community Assets, its subsidiaries, affiliates, directors, officers, employees or agents, may also be offered by other providers and you are under NO OBLIGATION to accept these services even though they may be referred to you by way of HCA's employees, affiliates, directors, officers, agents or subsidiaries.</p>						
<u>Signatures</u>						
I/We acknowledge that everything stated in this statement is correct to the best of my/our knowledge.						
Client Signature			Date			
Co-Client Signature			Date			
<u>HCA Use Only</u>						
Identification Verified	Type:	Exp.	Type:	Exp.		
DHHL Lesees	<input type="checkbox"/> Yes <input type="checkbox"/> No	Island?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Island?		



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FORECLOSURE PREVENTION ADDENDUM

How did you hear about our service?						
Has you received a foreclosure notice? If yes, what is the foreclosure date?	Yes	No	Date			
Do you want to keep your home?	Yes	No				
Do you live on Hawaiian Home Lands? If yes, what is the date of the next case hearing?	Yes	No	Date			
Who owns your loan?	Fannie Mae	Freddie Mac	VA	FHA	USDA	Non-GSE
Are you a victim of predatory lending or loan rescue scams? If yes, how much did you pay?	Yes	No	Amount Paid			
How many people live in your household ?						
What is your mortgage company?						
How many days late are you on mortgage payments/	Current 30-60 days 61-90 days 91-120 days 120+ days					
Reason for default	Reduction in Income Loss of Income Increase in Expenses Death of a Family Member Increase in Loan Payment Not in Default Poor Budgeting Skills Medical Issues Divorce/Separation Business Venture Failed Oth er:					
Have you spoken with your mortgage company? If yes, what was discussed and who is your point of contact?	Yes	No	Point of Contact			
Has client submitted for a loan modification previously?	Yes	No	Outcome			



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PRIVACY POLICY

Hawaiian Community Assets is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (phone number) and do so.

Release of your information to third parties

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Signature

Date

Print Name

Signature

Date

Print Name



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AUTHORIZATION

BY SIGNING THIS FORM, I ACKNOWLEDGE AND AUTHORIZE THE FOLLOWING:

- I acknowledge that I have received, read, understood, and agree to the terms of HCA’s Privacy Statement;
- I hereby authorize HCA and its employees and volunteers to collect personal information relevant to provide financial guidance or counseling services, which will include obtaining or providing a recent copy of my personal credit report from all three (3) bureaus;
- I further authorize HCA and its employees and volunteers to disclose relevant personal information for the purposes of communicating to other assistance agencies and/or organizations on my behalf.
- I acknowledge HCA’s financial service providers consist of employees or volunteers who are not licensed or certified by any governing body and, therefore, I should always consult a licensed financial professional for advice prior to making any important financial decisions;
- I release HCA and its employees and volunteers from any liability associated with the information or counseling services provided;
- I understand that HCA provides foreclosure mitigation information and guidance after which I may receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate;
I understand that HCA receives Congressional funds through the US Housing of Urban Development and, as such, is required to share some of my personal information with them, their administrators or their agents for purposes of program monitoring, compliance and evaluation;

I hereby agree to hold HCA, its employees and volunteers harmless from any claim, suit, action, or demand made by any creditors, agencies, companies or organizations to which HCA may refer, or any other entity or person which in any manner may arise from any action or inaction taken by any entity or person, in connection with any services rendered by HCA and its employees, volunteers and/or agents.

HCA may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that may treat such copy as an original.

My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms.

Signature

Date

Social Security #

Birth Date

Signature

Date

Social Security #

Birth Date



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AUTHORIZATION TO RELEASE INFORMATION

To: Servicer- _____

Loan Number: _____

Property Address: _____

Borrower(s) name and last four digits of social security number: _____

Borrower's contact #: _____

I authorize you to provide Hawaiian Community Assets and its following listed Agents information in regards to my mortgage loan:

**Jeff Gilbreath, Karen Bugarin, Kahau Mahoe-Thoene, Kelly Lincoln,
 Pono Filimoeatu, Desiree Vea, Kaleio Caminos**

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., HCA is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to HCA without further notice or authorization and may be disclosed or released by HCA to another Government agency or department, however, said financial records may not be used for another purpose without my consent except as required or permitted by law.

The information HCA obtains is only to be used in the processing of my request for assistance. The counseling services, lending products, affordable housing and other forms of assistance that may be offered by Hawaiian Community Assets, its subsidiaries, affiliates, directors, officers, employees or agents, may be also offered by other providers. You are under no obligation to accept any service.

We make no Promises of any kind and cannot guarantee that we will be able to get you a loan modification or help you keep your home.

A copy of this authorization may be accepted as an original.

 Signature Date

 Print Name

 Signature Date

 Print Name



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YOU MAY OPT-OUT OF DISCLOSURES

You have to opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.

*If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at (808) 587-7886 or 866-400-1116 and we will make the change.

I choose to “Opt Out”

How We Use the Information We Collect from You

- HCA may use anonymous aggregated case file information and statistics to evaluate our services, gather valuable research information and design future programs.
- HCA will only provide the information that we believe is necessary to assist you in an intervention or other services you request us to provide.
- HCA does not sell, rent or lease any personal identifying information you provide to us.
- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors where we have determined that it would be helpful to you or would aid us in counseling you.
- HCA may also disclose any nonpublic personal information about you or former clients to anyone as permitted by law (e.g., if we are compelled by legal process).
- HCA will maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Signature

Date

Print Name

Signature

Date

Print Name



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FORECLOSURE MITIGATION COUNSELING AGREEMENT

- I understand that Hawaiian Community Assets provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
- I understand that Hawaiian Community Assets receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
- I give permission for NFMC program administrators and/or their agents to follow-up with me between now and in the future for the purposes of program evaluation.
- I acknowledge that I have received a copy of Hawaiian Community Assets Privacy Policy.
- I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
- A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
- I understand that Hawaiian Community Assets provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Hawaiian Community Assets in no way obligates me to choose any of these particular loan products or housing programs.

Signature

Date

Print Name

Signature

Date

Print Name



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HUD HOUSING COUNSELING DISCLOSURE STATEMENT

Hawaiian Community Assets (HCA), a HUD Certified Housing Counseling Affiliate, provides Housing Counseling in the areas of:

- Homeless
- Renter
- Pre-purchase
- Post-purchase
- Foreclosure prevention

HCA is a statewide service provider with four offices located on the islands of Hawaii, Kauai, Oahu, and Maui. Hawaiian Community Assets receives grant funding from government sources such as the Department of Housing and Urban Development through Rural Community Assistance Corporation (RCAC), the Administration for Children and Families through the Administration for Native Americans, the National Foreclosure Mitigation Counseling program, the Corporation for National and Community Service through AmeriCorps VISTA, Kauai County, Hawaii County, and Honolulu City and County. HCA also receives funding from the National Coalition for Asian Pacific American Community Development, First Nations/Oweesta, the Hawaii State Department of Hawaiian Home Lands, the Hawaii State Office of Hawaiian Affairs, Council for Native Hawaiian Advancement, and NeighborWorks America through the Hawaii Homeownership Center.

HCA has working relationships with partner agencies such as the Hawaii Homeownership Center, Consumer Credit Counseling Services of Hawaii, Hale Mahaolu, Legal Aid Society of Hawaii, Honolulu Community Action Program, and Alternative Structures International, but receives no money from these agencies. As a client of HCA you are under no obligation to receive any services or participate in any activities offered by Hawaiian Community Assets, the above listed partners and agencies or any other business, agency or partner.

If you decide you do not want any services from HCA, or believe you require other programs or products, you may also contact any of the above listed agencies or:

- The Homeownership Preservation Foundation – (888) 995-HOPE (4673)
- The Department of Housing and Urban Development – (808) 522-8175
- The Federal Housing Administration – (800) 225-5342

Signature

Date

Print Name

Signature

Date

Print Name



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HOLD HARMLESS AGREEMENT

I give **Hawaiian Community Assets** permission to review my financial documents, conduct financial assessments, and use my name in any current and future publications or reporting. Furthermore, in view of the fact that **Hawaiian Community Assets** is a nonprofit HUD-approved housing counseling agency, I hereby release, hold harmless and waive all claims associated with these services, publications and marketing materials which I may have against **Hawaiian Community Assets** and its employees.

Signature

Date

Print Name

Signature

Date

Print Name

Hawaiian Community Assets and its employees are NOT attorneys. The information provided in this document is to be used as a resource and is based solely on the experiences of the agency's counselors and training. This form is to be completed only for the purpose of providing foreclosure intervention and default counseling.

SAMPLE HARDSHIP LETTER

Date: MM/DD/YY

Comment [KD1]: Today's date

Re: Hardship Explanation
Borrowers: Annette and Ronald Moore
Loan Number: 684592729333
Property Address: 145 Glee Club Lane, Happyville, USA

Comment [KD2]: Regarding "Hardship Explanation"

Comment [KD3]: Type borrower's names

Comment [KD4]: Type loan number

Comment [KD5]: Type property address

We purchased our home five years ago and had never been late on our payments until four months ago. Ronald lost his job six months ago, but has recently been hired by another firm at a similar wage. I have a health issue that prevents me from working at this time.

Comment [KD6]: Stating in detail what your hardship is and when it began

Comment [KD7]: Has hardship been resolved?

We are accustomed to paying our bills, and it has been tough for us to accept that we were unable to meet our obligations. However, things have stabilized for us. We have been working with a local nonprofit counselor to review our financial situation. We have reduced our expenses and made other adjustments. This means we can return to making our payments, although we do not have the money to make our overdue payments.

Our loan is a fixed-rate loan, and while the value on our property has decreased in the last two years, it is still above our loan amount. Given the significant drop in our income over the last six months, we have been unable to save any money to put toward our delinquency. We are asking for a modification that would allow us to add our delinquent payments to our loan balance so that we can begin to make our mortgage payments again.

Comment [KD8]: Describe the type of loan

Comment [KD9]: What solution are you proposing? What are you asking for?

Thank you in advance for your time and consideration in this matter.

Sincerely,

Comment [KD10]: Salutation

Comment [KD11]: Sign here

Annette Moore
Ronald Moore

Comment [KD12]: Type names of borrowers



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EMERGENCY HOUSEHOLD BUDGET

INCOME SOURCES		AMOUNT	Begin Date	
Net Income: Source 1				End Date
Net Income: Source 2				
Net Income: Other Sources				
TOTAL NET INCOME				
TOP PRIORITY EXPENSES		CURRENT AMOUNT	ADJUSTED AMOUNT	
1. Mortgage Payment(s)				
2. Housing-Related Costs (Taxes, Insurance)				
3. Groceries				
4. Essential Utilities (water and electricity)				
5. Essential Health Care Costs				
6. Car Payment and Insurance				
7. Child Support				
8. Income Tax Debt				
TOP PRIORITY SUBTOTAL				
HIGH PRIORITY EXPENSES		CURRENT AMOUNT	ADJUSTED AMOUNT	
9. Student Loans				
10. Court Judgments				
HIGH PRIORITY SUBTOTAL				
LOWER PRIORITY EXPENSES		CURRENT AMOUNT	ADJUSTED AMOUNT	
11. Credit Cards				
12. Loans				
13. Other Monthly Debt				
LOWER PRIORITY SUBTOTAL				