

Dear Homeowner,

Thank you for contacting OLHSA, A Community Action Agency. **In order to schedule your intake appointment with a certified Housing Counselor please fill out the following attached forms and provide copies of all the required documents listed below.** When you have all the documents and forms completed, please submit contact me to schedule an appointment.

Application Package for Foreclosure Prevention (These must be fully completed, signed and dated):

- MSHDA Household Profile (3 pages)
- MSHDA Counseling Agreement & Release of Information (1 page)
- OLHSA Release & 3rd Party Authorization
- MSHDA Privacy Policy (1 page)
- OLHSA Disclosure Form (1 page)
- OLHSA Foreclosure Contract (1 page)
- Hardship Letter (2 pages)
- OLHSA Budget Sheet (2 pages)

Additional Required Documents (**COPIES only – originals will not be accepted**):

- Driver's License or State ID
- Social Security Card
- Proof of household income for the past 60 days (recent pay stubs, retirement, child support, etc.)
- Bank statements for the past 3 months (include ALL pages, front and back)
- Federal 1040 Tax Returns for the last 2 years
- Most recent Property Tax Bill or State Equalized Value (SEV) showing property legal description and parcel ID number
- Most recent utility bills (gas, electric, water, cable/internet, phone, etc.)
- Most recent Lender, County Treasurer, or attorney correspondence
- Most recent mortgage statement (If you have more than one mortgage, provide all statements)
- If applying for property tax assistance, provide you past Winter and Summer tax bills
- Commitment, Referral or Denial letters from other agencies (if applicable)
- Deed to Property
- Hardship documentation

We understand that this may be an extremely stressful time for you and your family and we will do our best to assist you.

Please call or email with questions:

Kay Simmons • 517-546-8500 ext 4110 • kays@olhsa.org
Confidential Fax • 248-247-3168

OLHSA – Housing Counseling
2300 E. Grand River, Howell MI 48843

Section I – Must be completed by client and co-client			
Client Name (First, Middle Initial, Last):		County:	
Street Address (do not use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family	Are you a First-Time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you consider yourself the Head of Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Number of Household Dependents:	<input type="checkbox"/> I live in a rural area <input type="checkbox"/> Do not live in a rural area	
Based on current household select appropriate answer:			
Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language:			
Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Respond	Multi-Race: <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose Not to Respond		Head of Household Type: <input type="checkbox"/> Single adult <input type="checkbox"/> Female-headed single parent <input type="checkbox"/> Male-headed single parent <input type="checkbox"/> Married without children <input type="checkbox"/> Married with children <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Other
Education: <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> No High School Diploma	

Co-Client Name (First, Middle Initial, Last):		County:	
Street Address (do not use PO Box):	City:	State:	Zip:
Home or Cell Phone Number:	Email Address:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Years/months on current job:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Choose not to respond:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Migrant Farm Worker: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Housing Situation: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Living with Family	Are you a First-Time Homeowner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been a homeowner within the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Based on current household select appropriate answer:			
Limited English Proficient <input type="checkbox"/> Not Limited English Proficient <input type="checkbox"/>		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino <input type="checkbox"/> Choose not to respond	
If not English, preferred language:			
Single Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Respond	Multi-Race: <input type="checkbox"/> American Indian/Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multiple Race <input type="checkbox"/> Choose Not to Respond		
Education: <input type="checkbox"/> Doctoral or Professional Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Some College, Not Completed <input type="checkbox"/> Vocational Certificate	<input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> No High School Diploma	

Section II – Current Homeowner(s) ONLY			
Do you currently have a MSHDA Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you received Step Forward Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Originating Lender (if available):		Original Loan Number (if available):	
Name of Current Servicer (if available):		Loan number assigned by Servicer:	
When did you purchase your home?		Have you lived at this address for at least two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, list previous address(es):	
Does your name appear on: <input type="checkbox"/> Property Deed <input type="checkbox"/> Mortgage <input type="checkbox"/> Land Contract		Total Monthly Payment (including Taxes & Insurance):	
Select type of loan product:			
<input type="checkbox"/> Fixed rate currently under 8%		<input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months	
<input type="checkbox"/> Fixed rate currently 8% or greater		<input type="checkbox"/> Fixed rate currently 8% or greater as a result of loan modification in last six months	
<input type="checkbox"/> ARM currently under 8%		<input type="checkbox"/> ARM currently under 8% as a result of loan modification in last six months.	
<input type="checkbox"/> ARM currently at 8% or greater		<input type="checkbox"/> ARM currently at 8% or greater as a result of loan modification in last six months	
<input type="checkbox"/> Fixed rate currently under 8% as a result of loan modification in last six months		<input type="checkbox"/> I don't know	
If type of loan is an ARM, has the interest rate already reset? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a second mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current status of Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 120 + days late		Have you filed bankruptcy in the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had a Credit Report pulled within the last 6 months: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your mortgage delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Are your property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	Is your homeowner's insurance delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount delinquent? \$	
Select primary reason for default:			
<input type="checkbox"/> Reduction in income	<input type="checkbox"/> Increase in Loan Payment	<input type="checkbox"/> Business Venture Failed	
<input type="checkbox"/> Poor budget management skills	<input type="checkbox"/> Medical Issues	<input type="checkbox"/> Divorce/Separation	
<input type="checkbox"/> Loss of income	<input type="checkbox"/> Increase in Expenses	<input type="checkbox"/> Death of Family Member	<input type="checkbox"/> Other
What was the date (month/year) of the event leading up to the delinquent mortgage or land contract payments?		Do you feel that you have recovered from the situation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been notified of a date for a Sherriff's Sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has there been a Sherriff's Sale of this property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is/was the date of the Sherriff's Sale?	
Are you currently working with an attorney regarding the delinquency of your mortgage, property taxes or land contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide attorney name and contact information?	
If available, please provide the following information for the mortgage servicer or land contract holder that you make your payments to:			
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	

Section III – Must be completed by client.

Enter **ALL** sources of income for adult members of the household (18 year olds not in High School).

Income sources include: Wages, Worker's Comp, Veteran Benefits, Unemployment, SSI, Social Security Benefits, Retirement, Public Assistance, Military, Child Support and Alimony.

Total Monthly Income: \$

Enter **ALL** total monthly debt for adult members of the household (18 year olds not in High School). Include Credit Cards, Automobile Loan, Mortgage, Student Loans, Child Support, Alimony, etc.

Total Monthly Debt: \$

Based on your housing needs/goals do you believe you have been discriminated against?

Yes No

Do you believe you have been a victim of Predatory Lending?

Yes No

What is the main purpose for contacting our agency:

- Homelessness Assistance Rental Topics Purchase/Home Purchase
 Home Maintenance and Financial Management Reverse Mortgage Resolving/Preventing Mortgage Delinquency or Default

How did you learn about MSHDA's Housing Education Program?

- MSHDA Outreach Another Person Real Estate Agent
 HUD Outreach Lender Other:
 Agency Outreach Another Agency

Are you interested in obtaining information regarding MSHDA Mortgage Products and Down Payment Assistance?

Yes No

Would you like to be referred to a MSHDA approved lender?

Yes No

Section IV – Must be signed and dated by client and co-client.

Client Printed Name

Signature

Date

Co-Client Printed Name

Signature

Date

Section V – For Agency Use Only

Agency Name:

Agency Phone Number:

Agency Staff Name:

Received by Agency (Intake Date):

Unique Client ID #:



**Michigan State Housing Development Authority
HOUSING EDUCATION PROGRAM
AGREEMENT and RELEASE OF INFORMATION**

In signing this agreement and release, I/We agree to actively participate in the Housing Education Services being offered by this MSHDA approved agency. I/We understand:

1. A referral to other services of the organization or another agency (as appropriate) may be made 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.
2. That this agency receives funds through MSHDA and HUD and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. That a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. That this agency may provide information on numerous housing programs and loan products and I further understand that the housing services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.

NOTE: *If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related service, please contact MSHDA's Housing Education Program at (517)373-6840.*

CONSENT: Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits.

For Pre-Purchase Education Services only:

I/We acknowledge the agency provided me/us with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

For Post-Purchase Education Services only:

I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Housing Education Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

Client's printed name:	Client's signature:	Date signed:
Client's printed name:	Client's signature:	Date signed:
Client's current address:	City:	Zip code:

To be completed by MSHDA Housing Education Program Certified Counselor.		
Agency name:	Agency phone number:	
Counselor name:	Counselor signature:	Date:

Housing Counseling Program Data Release Form & Third Party Authorization

Note: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

You hereby authorize and instruct OLHSA and/or its assigned agents to:

- Obtain and review your credit report, and
- Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation (for example, verifying your annual property tax obligations and homeowner's insurance fees)

Your credit report will be obtained from a credit reporting agency chosen by OLHSA. You understand and agree that OLHSA intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize OLHSA to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help OLHSA determine your viable financial options.

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Lenders | <input type="checkbox"/> Mortgage Servicers | <input type="checkbox"/> Public Housing Authorities |
| <input type="checkbox"/> Banks | <input type="checkbox"/> Counseling Agencies | <input type="checkbox"/> Social Service Agencies |
| <input type="checkbox"/> Landlords | <input type="checkbox"/> Debt Collectors | <input type="checkbox"/> Property Management Companies |

Entities such as mortgage lenders and/or counseling agencies may contact your OLHSA counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your OLHSA counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation.

You hereby authorize the release of your information to program monitoring organizations of OLHSA, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes.

In addition you authorize OLHSA to have your credit report pulled two additional times to conduct program evaluations.

You also agree to keep OLHSA informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for or a counseling service that you are seeking. Finally, you understand that you may revoke consent to these disclosures by notifying OLHSA in writing.

Client Signature

Date

Investing in People.
Investing in Places.



Michigan State Housing Development Authority
Homeownership Division

National Foreclosure Mitigation Counseling Program Privacy Policy

Our Agency, a MSHDA sub-grantee for the National Foreclosure Mitigation Counseling program, 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 and signature on the Foreclosure Mitigation Counseling Agreement. 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

1. 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.
2. 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 and do so.

Release of your information to third parties

1. 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.
2. 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).
3. Within our 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.

Client Initials and Date

I Agree

I Chose to Opt Out

Housing Counseling Program Disclosure Form

Note: If you have impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Our goal is to prepare families for success in improving their housing conditions, meeting financial needs, and fulfilling the responsibilities of home ownership or tenancy. Our trained counselors provide group education and individual counseling services for those seeking to purchase or retain a home and/or those seeking to locate, secure, and retain affordable rental housing.

No OLHSA employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

OLHSA has financial and professional affiliations with HUD and MSHDA and has professional associations with local financial institutions that routinely provide donations and education for staff and client trainings. Venture, Inc. (non-profit) and Venture (for-profit) are housing subsidiaries of OLHSA that builds and sell affordable, energy efficient homes to persons of low and moderate income levels. ***As a housing counseling program participant, you are not obligated to use the products and services of OLHSA or our industry partners.***

You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA), MSHDA, Community Housing Network, MSU Extension, Jewish Vocational Service, Oakland County Housing or others. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

I/we acknowledge that I/we received and reviewed OLHSA's Housing Counseling Agency's Program Disclosures.

Client Signature(s)

Date

Client Signature(s)

Date

Counselor Signature

Date

OLHSA Foreclosure Contract

Oakland Livingston Human Service Agency and its mortgage foreclosure intervention and default counselors agree to provide the following services:

- Analysis of the mortgage default, including the amount and cause of default.
- Presentation and explanation of reasonable options that may be available to the homeowner.
- Assistance communicating with the mortgage servicer and other creditors.
- Complete actions defined for Counselor in the Client Action Plan in timely manner.
- Explanation of collection and foreclosure process.
- Identification of assistance resources.
- Referrals to needed resources.
- Confidentiality, honesty, respect and professionalism in all services.

Staff Initials: _____

I/We, _____, agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing in a timely manner.
- I/We will provide all necessary documentation and follow up information defined in the Client Action Plan within the timeframe requested.
- I/We understand that walk-ins are not accepted and it is necessary to schedule an appointment to be seen.
- I/We will be on time for appointments and understand that if we are late for an appointment, it will still end at the scheduled time.
- I/We understand that "no show" or cancelled appointments will be rescheduled at the next available time.
- I/We will contact the counselor about any changes in our situation within 2 business days.
- I/We understand that OLHSA and our counselor are not in any way providing me/us with legal advice and OLHSA and my/our counselor are not licensed attorneys.
- I/We understand that foreclosure counseling is a client driven process and it is my/our responsibility to follow up with the counselor in the agreed timeframe.
- I/We understand that OLHSA and my/our counselor cannot guarantee results and that this Contract contains all of the terms of our agreement with OLHSA and my/our counselor unless otherwise made in a written agreement signed by all the parties of this Contract.
- I/We understand that if I use inappropriate language (verbal abuse) or threaten physical harm that a Counselor has the right to terminate the appointment or phone call and refuse service in the future.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Homeowner

Date

Homeowner

Date

Counselor

Date

Your hardship letter

Your hardship letter helps the lender or servicer evaluate your situation and find the appropriate solution based on your intent, income, loan and circumstances. **Your letter should:**

- Include all borrowers' names, loan number, and property address up front and center so the servicer/lender can locate your loan easily.
- State your intent: do you want to keep your home or not?
- Explain clearly the reason you cannot meet your monthly mortgage obligation.
For example:

"In June of 2007, I lost my job. Over the months of July, August and September I struggled to make my monthly payment, but still succeeded. When the interest rate increased on my adjustable loan, in spite of budgeting and cutting down on any unnecessary expenses, I was no longer able to make the payment..."

- Also, state whether your hardship is temporary or permanent. For example, if you lost your job and have now regained employment, it is a temporary hardship. Can you resume paying the same amount you paid prior to the hardship?
- State clearly how, when and where you want to be reached.
- Be clear and concise — describe your situation, but don't make it too long.

Hardship letters present you and your circumstances to the lender or servicer. Make sure to provide a clear and understandable explanation.

EXAMPLE

(Establishing a household budget is **required** for all MSHDA Counseling Services except for HBE.)

MONTHLY BUDGET

DATE: _____

INCOME	PLANNED	ACTUAL
Wages		
Child Support		
Social Security/SSI/Disability		
Food Stamps/FIA income		
Other Income		
<i>TOTAL MONTHLY INCOME</i>		

FIXED EXPENSES	PLANNED	ACTUAL
Housing ~ Rent/Mortgage		
Car Loan		
Student Loan		
Personal Loan		
Child Support		
Savings		
Other Fixed Expense		
<i>TOTAL MONTHLY FIXED EXPENSES</i>		

FLEXIBLE EXPENSES	PLANNED	ACTUAL
Food ~ Groceries, Eating Out, Lunches		
Natural Gas/Propane		
Electric		
Trash Removal		
Telephone		
Cell Phone		
Automobile Gas, Oil, Antifreeze		
Auto Repair, Maintenance		
Laundry/Dry Cleaning		
Internet		
Dues/Subscriptions		
Money Orders or Cashiers Checks		
Bank or Checking Fees, ATM Fees, Check Cashing Fees		
Rent to Own		
Hair Care		
Nail Care		
Toiletries/Cosmetics		
Cigarettes		
Activities/Going Out		
Cable/Movies/Movie Rental		
Charity/Tithing		
Education		
Pets		
Allowance/Children's Activities		
Other Flexible Expenses		
<i>TOTAL MONTHLY FLEXIBLE EXPENSES</i>		

OCCASIONAL EXPENSES	PLANNED	ACTUAL
Medical		
Dental		
Vision		
Water Bill		
Vacation		
Birthdays		
Gaming / Lottery		
QVC / Home Parties		
Christmas/Holidays		
Insurance		
<i>TOTAL MONTHLY OCCASIONAL EXPENSES</i>		

DEBT REDUCTION EXPENSE	PLANNED	ACTUAL
Credit Card #1		
Credit Card #2		
Credit Card #3		
Credit Card #4		
Credit Card #5		
Other Debt Reducing Expenses		
TOTAL MONTHLY DEBT REDUCING EXPENSES		

COMPARE INCOME AND EXPENSES	PLANNED	ACTUAL
TOTAL INCOME FOR THE MONTH	\$	\$
TOTAL EXPENSES FOR THE MONTH	\$	\$
<i>DIFFERENCE ~ GAIN/(LOSS)</i>	\$	\$