



“Helping Hand” Financial Statement

Return by mail to: USF FCU, Attn: Helping Hand, P.O. Box PO Box 47989 Tampa, FL 33646

Account Information:	Member Number: _____ E-Mail Address: _____			
	In order to meet your financial goals, what payment can you afford on this loan? \$ _____			
Member Information:	Rent or Own: _____			
Borrower's Name: _____		SSN: _____		DOB: _____
Co-Borrower's Name: _____		SSN: _____		DOB: _____
Address: _____				
	No.	Street	Apt	City
				State
				Zip
How Long at Current Residence: _____		Mthly Housing Expense: \$ _____		
Contact Information:	Best Time to Contact: _____			
Home Phone: _____		Cell Phone: _____		Work Phone: _____
Collateral Information:	Auto (Year, Make & Model): _____ Mileage _____			
If Real Estate – Property Address: _____				
	No.	Street	Apt	City
				State
				Zip
Other Collateral _____				
Job Information:	Borrower - Self-Employed <input type="checkbox"/> Yes or <input type="checkbox"/> No Co-Borrower - Self-Employed <input type="checkbox"/> Yes or <input type="checkbox"/> No			
Borrower: _____ \$ _____ yrs. _____ mos. _____				
	Occupation	Company	Gross Monthly income	Time on Job
Co-Borrower: _____ \$ _____ yrs. _____ mos. _____				
	Occupation	Company	Gross Monthly income	Time on Job
Additional Income*: \$ _____ Per Month Source: _____				
Additional Income*: \$ _____ Per Month Source: _____				
Unemployment Information: Start Date: _____ Wages: \$ _____ Social Security/Retirement Income: \$ _____				
<i>* Notice: Alimony, child support or separate maintenance income need not be revealed if borrowers do not choose to have it considered for approval of a loan workout.</i>				
Asset & Liability Information:	Please feel free to provide information below on a separate piece of paper if needed.			
<u>Asset Type</u>	<u>Estimated Value</u>	<u>Liability Type</u>	<u>Payment/Month</u>	<u>Balance Due</u>
Primary Residence	\$	Mortgage Payment	\$	\$
Secondary/Rental Residence	\$	Home Equity Payment	\$	\$
Other Vehicle	\$	Taxes/Ins – if not escrowed	\$	\$
Savings/Money market	\$	Other Auto Payments	\$	\$
Checking Account	\$	Other Mortgages	\$	\$
IRA/401K/Retirement	\$	Alimony/Child Support	\$	\$
Other Investments	\$	Personal Loan/Credit Cards	\$	\$



Before signing this document, make sure you have completed the following checklist:

- Hardship Affidavit Letter stating reason for this loan workout request. Please provide as much detail as possible. Also, fill out attached budget sheet.**
- Copies of most recent pay stubs (1 month worth). If self-employed, please attach a copy of your last 2 years Federal Tax Returns with all schedules, including Schedule C and Business Bank Statement.**
- Banks statements (last 2 months)**
- If a secured loan, provide a proof of insurance.**

I (we) agree that the financial information provided is an accurate statement of my (our) financial status. I (we) understand and knowledge that any action taken by the lender of my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided. My (Our) signature(s) below grants the holder of my (our) mortgage/auto/other secured/unsecured loan the authority to confirm the information I (we) have disclosed in this financial statement, to verify that it is accurate by ordering a credit report, and to contact my real estate agent and/or credit counseling service representative (if applicable).

Borrower's Signature: _____ Date: _____

Co-Borrower's Signature: _____ Date: _____



YOUR MONTHLY BUDGET

In order to assist you with your financial needs, please complete the following monthly budget worksheet as accurately as possible. This process will allow USF FCU to analyze your situation and recommend a payment that best fits your budget.

Monthly Budget

Income & Expense Explanation

Total Gross Monthly Income _____

Wages, alimony, child support, pensions, SSI, etc. before any deductions

Income Deductions

Taxes _____
 Savings Plan _____
 Other deductions _____

*Federal, State, FICA.
 401K, 403b, ESPP, 528
 Medical, dental, vision, life insurance*

Total Income Deductions _____

Monthly Net Income _____

Monthly Household Expenses

Rent or Mortgage payment _____
 Other Housing expenses _____
 Home Owners/Condo Association fees _____
 Utilities _____
 Telephone/cell/cable/internet services _____
 Home maintenance _____
 Transportation expenses _____
 Food & groceries _____
 Dining out expenses _____
 Clothing expenses _____
 Books, periodicals, subscriptions _____
 Monthly Debt Obligations _____
 Student loan payments _____
 Auto loan payments _____
 Credit card payments _____
 Second mortgage payment _____
 Other installment payments _____
 Boat/Motorcycle/RV payment _____
 Child care expense _____
 Alimony, child support, maintenance _____
 Pet expenses _____
 Lawn maintenance expense _____
 Hobbies/entertainment expenses _____
 Other Non-employer medical expense _____
 Total Household Expenses _____

*Property taxes, flood & homeowners insurance
 If paid quarterly or annually, divide by 4 or 12
 Includes water, sewer, garbage, electricity
 Laundry, toiletries, housekeeping, home security
 Gas, auto insurance, license fees, parking, bus
 Includes lunches at work, restaurant expenses
 Other shopping related expenses
 Includes college books
 Sallie Mae or other student loan expenses
 Minimum payments
 Includes babysitting expenses
 Food, vet, supplies, pet insurance
 Bowling, gym membership, cigarettes & tobacco
 Life insurance, disability premiums*

Amount available for savings/investment _____

Household cash flow (Monthly net income – expenses)



HARDSHIP LETTER
Please try to be as specific as possible.

A large, empty rectangular box with a thin black border, intended for the user to write their hardship letter.