Confidential

Cash Flow Check Up

DEBT TO WEALTH Navigator

Primary Applicant

First Name _____ Last Name _____ M.I. _____

Work Phone: _____ Home Ph. _____ Fax: _____

Co-Applicant

First Name: _____ Last Name _____ M.I. _____

Work Phone: _____ Home Ph. _____ Fax: _____

Home Address

Street/ Apt. No. _____ Email: _____

City: _____ State: _____ Zip: _____ # in family _____

Monthly Income

	Gross	Net	Additional
Applicant	$	$	$
Co-Applicant	$	$	$
Totals		$	$
Total (Take Home) Monthly Income			$

Housing Expense

	Current Balance?	Interest Rate?	Yrs. / Mos.?	Mo. Prin. / Int.?	Mo. Tax / Ins.?
First Mortgage	$			$	$
Second Mortgage	$				
Rent			$		
Total Monthly Housing Expense			$		

Assets

Savings Account	Investments	Other Cash Value	Total
$	$	$	$

Monthly Living Expenses

Utilities	$
Telephone	$
Groceries	$
Entertainment	$
Cable/Satellite T.V.	$
Clothing	$
Insurance	$
Fuel (vehicles)	$
Internet Service	$
Child Care	$
Law n Care/Security	$
Barber/Nails/Stylist	$
Donations /Tithes	$
Legal Obligations	$
Prescriptions	$
Other (Specify)	$
TOTAL	$

Secured Debts (Auto, Student loans, Installment loans, etc.)

Creditor	Balance Ow ed	Interest Rate	Minimum Payment	Current? Yes/No
TOTALS- Balance	$	**Pmts**	$	

Unsecured Debts (Credit Cards, medical, personal, etc..)

Creditor	Balance Ow ed	Interest Rate	Minimum Payment	Current? Yes/No
TOTALS - Balance	$	**Pmts**	$	

PLEASE E-MAIL OR FAX THIS FORM TO: SUPPORT@BRETTHOPKINS.COM

916-929-0448 (Fax)

Have Questions?...Call 916-565-7495 (Office)