



Borrower Name	
Co-Borrower Name	
Property Street Address	
Property City, State, Zip	
Loan Number	

Monthly Household Expenses/Debt Addendum

The following monthly household expenses/debt information must be disclosed in addition to the expenses listed on page 2 of the Uniform Borrower Assistance Form.

Child Care	\$
Health insurance premiums (if not withheld from pay)	\$
Medical (co-pays and monthly prescriptions)	\$
Food	\$
Auto expenses/Auto insurance	\$
Water/Sewer/Utilities/Telephone	\$
Life Insurance premiums (not withheld from pay)	\$
Other	\$
Total Additional Debt/Expenses	\$