



Self Help Enterprises
8445 W. Elwin Ct. Visalia, CA 93291
www.selfhelpenterprises.org
(559)651-1000 Fax: 559)651-3634
GATEWAY@selfhelpenterprises.org

Welcome to the GATEWAY! This is our opportunity to ensure that you have the tools to succeed in homeownership. Self Help Enterprises (SHE) is prepared to provide you with information, coaching and community resources to help you realize the dream of homeownership. Our goal is to help you identify the steps that can lead to the purchase of a home and to assist you in completing those steps.

In order to begin this process, we will need several items from you. These documents will help us assess your readiness for homeownership and are also needed for developing a detailed plan. If you are unable to provide copies of the documents requested, we ask that you contact our Gateway Dept to arrange a date and time to bring originals to our office and we will make copies for you.

Items needed to open a file:

- ① COMPLETED Personal Profile Intake Form (included with this letter) Signed and Dated
- ② MONTHLY BUDGET - List all of your regular expenses
- ③ SIGNED Authorization Form (included with this letter)
- ④ Last year's tax forms (all pages) and W-2s
- ⑤ Last month's pay stubs for ALL working adults in your household
- ⑥ Last Month's Bank Statements (checking/savings) for all accounts
- ⑦ Verification of income letter from SSI, Retirement, Disability, Welfare
- ⑧ Divorce/Bankruptcy Documents (all pages), if applicable

A \$25 payment is required to schedule a coaching appointment. The fee will cover expenses for your credit report. The fee cannot be refunded

The package MUST be completed and returned at least 72 business hours prior to your scheduled appointment.

We cannot begin the coaching process without the requested information. If you do not provide the information at least 72 business hours prior to your initial appointment, your appointment will be re-scheduled.

**You may mail, email, fax or bring in your Intake form and documents. Email address and fax number are shown above.*

Call 559-651-1000 if you have any questions.

Sincerely,

The GATEWAY team

encl: Intake forms and disclosures

Working together with low-income families to build and sustain healthy homes and communities.

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 speak with your housing counselor about arranging alternative accommodations.



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SELF-HELP ENTERPRISES HOME BUYER ASSISTANCE LOAN PROGRAM GENERAL INFORMATION FOR HOME BUYERS

Attention Home Buyer:

Buying a home is one of the biggest purchases we make in our lifetime and most home buyers are not familiar with the complexities of the home loan application process. This process can be frustrating and intimidating. Through the Self-Help Enterprises--Homeownership Counseling & Education services, we will assist in homeownership preparation and education.

Coaching will prepare you for making informed decisions during the loan application process regarding such items as: selection of Realtor and lender, market interest rates, customary and reasonable fees and charges, budgeting, credit reports, homeowner insurance, property and pest inspections, real estate taxes, and appraisals.

Homeownership Counseling & Education will provide you with:

- resource information
- guidance through the loan application and homebuying process
- assistance and support when requested

When buying an automobile most people check with more than one auto agency and want to secure an interest rate and fees which are reasonable and customary. This is also true when buying a house. We will recommend that you contact a few Realtors and lenders to determine the services provided, type of loan and fees being offered, before making your final decisions. **Any Realtor or lender list we provide is meant to be used as a guide, the final selections are yours.**

We may provide our customers with comparison worksheets for interviewing both lenders and Realtors. An informed decision is a benefit for all involved. **However, at no time will we make any of those decisions for you or direct you to a specific agent or lender.** If the Realtor and/or lender have already been selected we will cooperate with them fully (subject to meeting HBA program minimum guidelines).

The loan comparison and application process may be a challenging experience, but in the long term, is critical to realing successful homeownerhsip. Our goal is to serve you and help make your loan application process successful and as pleasant as possible. Please call your home buyer counselor for additional information.

Homebuyer

Date

Homebuyer

Date

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Office Use Only:	Posted to HCO: _____	By: _____
_____	Homeownership Counseling/Education	
_____	Financial Capability Coaching / _____	
_____	Post Purchase	
_____	Homebuyer's Assistance Program / Rehab Program	
_____	New Homes Program	
_____	Refer to Lender _____	

PERSONAL PROFILE INTAKE FORM (PLEASE PRINT)

Client 1

First _____	Middle _____	Last _____	SS# _____	DOB _____
Home Phone _____	Cell Phone _____	Other Phone _____	eMail Address _____	Do you wish to be contacted via email? _____
Mailing Address _____			City _____	St. _____ Zip _____
Education: _____	1. Below H.S. 2. H.S. Diploma or equivalent 3. Two-Yr College 4. Bachelor's or Master's Degree 5. Other _____		Marital Status: _____	1. Single 2. Married 3. Divorced 4. Separated 5. Widowed
Household Type: _____	1. Married with children 2. Married without children 3. Single Adult 4. Female Head of Household 5. Male Head of Household 6. 2 or more unrelated		Number of Dependents: _____	Relationship to Client2: _____
Race _____	1. White 2. Black 3. Asian 4. Am. Indian 5. Pacific Islander 7. Other/Multi-Racial		Ethnicity _____	1. Hispanic 2. Non-Hispanic Sex: ____ 1. Male 2. Female
How Much do you pay in Rent / Mortgage? _____		How long at this address? _____		

Client 2

First _____	Middle _____	Last _____	SS# _____	DOB _____
Home Phone _____	Cell Phone _____	Other Phone _____	eMail Address _____	Do you wish to be contacted via email? _____
Mailing Address _____			City _____	St. _____ Zip _____
Education: _____	1. Below H.S. 2. H.S. Diploma or equivalent 3. Two-Yr College 4. Bachelor's or Master's Degree 5. Other _____		Marital Status: _____	1. Single 2. Married 3. Divorced 4. Separated 5. Widowed
Household Type: _____	1. Married with children 2. Married without children 3. Single Adult 4. Female Head of Household 5. Male Head of Household 6. 2 or more unrelated adults. 7. Other _____		Number of Dependents: _____	Relationship to Client1: _____
Race _____	1. White 2. Black 3. Asian 4. Am. Indian 5. Pacific		Ethnicity _____	1. Hispanic 2. Non-Hispanic Sex: ____ 1. Male 2. Female
How Much do you pay in Rent / Mortgage? _____		How long at this address? _____		

Dependent Name	DOB	Age	M/F	Relationship
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____

**List additional dependents on a separate sheet.

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EMPLOYMENT

Client 1

<i>Primary Employer</i>	<i>Job Title</i>
<i>Address</i>	<i>City, St Zip</i>
<i>Hourly Wage</i>	<i>Hours Per Wk</i>
<i>2nd Employer</i>	<i>Job Title</i>
<i>Hourly Wage</i>	<i>Hours Per Wk</i>
<i>Previous Employer</i>	<i>Job Title</i>
<i>Hourly Wage</i>	<i>Hours Per Wk</i>

Client 2

<i>Primary Employer</i>	<i>Job Title</i>
<i>Address</i>	<i>City, St, Zip</i>
<i>Hourly Wage</i>	<i>Hours Per Wk</i>
<i>2nd Employer</i>	<i>Job Title</i>
<i>Hourly Wage</i>	<i>Hours Per Wk</i>
<i>Previous Employer</i>	<i>Job Title</i>
<i>Hourly Wage</i>	<i>Hours Per Wk</i>

Please list all **GROSS** monthly income:

Primary Employment Income	Client1 \$ _____
2ndary Employment Income	Client1 \$ _____
Child Support	Client1 \$ _____
Disability	Client1 \$ _____
Unemployment	Client1 \$ _____
Other	Client1 \$ _____
Total Monthly Income:	Client1 \$ _____

Primary Employment Income	Client2 \$ _____
2ndary Employment Income	Client2 \$ _____
Child Support	Client2 \$ _____
Disability	Client2 \$ _____
Unemployment	Client2 \$ _____
Other	Client2 \$ _____
Total Monthly Income:	Client2 \$ _____
TOTAL COMBINED MONTHLY INCOME	\$ _____
TOTAL COMBINED ANNUAL INCOME:	\$ _____

ASSETS

Bank Name(s): _____

Checking: \$ _____ Savings: \$ _____ Cash: \$ _____

IRA: \$ _____ Other: \$ _____ Type: _____

Vehicle Make _____ Vehicle Model _____ Amt Owed _____

LIABILITIES / DEBT

***List any debts you have including credit cards, auto loans, student loans etc. (DO NOT include rent/utilities)

Company Name	Type	Monthly Payment	Balance
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____





DECLARATIONS

**** Please enter an explanation for each question to which you answer YES.*

- | | | | |
|---|----------|------|--|
| 1 Do you have a contract on a house at this time? | Y | N | |
| 2 Are you currently working with a real estate agent? | Y | N | Contact Name/ph#: _____ |
| 3 Are you currently working with a lender? | Y | N | Contact Name/ph#: _____ |
| 4 Are there any unpaid judgements/liens or taxes against you? | Y | N | |
| 5 Have you had property foreclosed upon in the last 3 years? | Y | N | |
| 6 Are you party to a lawsuit? | Y | N | |
| 7 Are you a Co-signer / endorser of a loan or note? | Y | N | |
| 8 Are you obligated to pay alimony or separate maintenance? | Y | N | Monthly \$ _____ |
| 9 Are you obligated to pay child support? | Y | N | Monthly \$ _____ |
| 10 Have you owned a home in the last 3 years? | Y | N | When? _____ |
| 11 Have you declared bankruptcy? | Y/N | Type | _____ Date Filed _____ Date Discharged _____ |
| 12 Are you a US Citizen? | Client1: | Y | N Client2: Y N |
| 13 Are you a permanent resident Alien? | Client1: | Y | N Client2: Y N |
| 14 Preferred Language | | | _____ |
| 15 Is the household Limited English Proficiency? | Y | N | |

Comments/Notes: _____

CERTIFICATION AND AGREEMENT

I hereby certify that all the statements I have made are true to the best of my knowledge. I understand that any false statements are unlawful and can be cause for disqualification. I understand all information will be held in confidence and that a credit report may be requested to verify the information provided. I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Codes, Section 1001.

I agree to complete Self Help Enterprise's curriculum to receive my Homebuyer Education Certificate. The curriculum requirements state that I must complete individual counseling and 8 hrs of pre-purchase education.

_____ Client1	_____ Date
_____ Client2	_____ Date





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FEE POLICY AND DISCLOSURE

	Client	Spouse	Additional household member
HOME BUYER EDUCATION ("LIVE" CLASS)	\$75.00	\$25.00	\$25.00
EHOME AMERICA ONLINE HOME BUYER EDUCATION	\$99.00	N/A	\$99.00
CREDIT REPORT FEE	\$25.00	N/A	\$25.00

The \$25 credit report fee is due in full prior to scheduling a coaching appointment. The fee is due in full prior to enrollment in the education course.

***If you are having financial difficulties and are unable to pay the full fee, please inform the Project Technician or Homeownership Coaching Manager by calling 559-651-1000.*

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PROGRAM DISCLOSURE FORM

About Us/Program Purpose: Self Help Enterprises (SHE) is a non-profit Housing and Community Development Organization, that has been HUD approved to provide housing counseling. We provide homebuyer education workshops & one-on-one pre-purchase counseling for a fee of \$50. All clients are served regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability or sexual orientation/gender identity. All programs are administered in conformity with local, state and federal antidiscrimination laws including the Fair Housing Act (42USC 3600, et seq.).

Client and Counselor Roles and Responsibilities:

	Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<div style="border: 1px solid black; padding: 2px; width: fit-content;"> / Initials </div>	<ul style="list-style-type: none"> ▶ Reviewing your housing goal & your finances; which include your income, debts, assets, and credit history. ▶ Preparing a CLIENT ACTION PLAN that lists the steps that you and your counselor will take in order to achieve your housing goal. ▶ Preparing a household budget that will help you manage your debt, expenses, and savings. ▶ Your counselor is not responsible for achieving your housing goal, but will provide guidance & education in support of your goal. ▶ Neither your counselor nor SHE employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> ▶ Completing the steps assigned to you in your CLIENT ACTION PLAN. ▶ Providing accurate information about your income, debts, expenses, credit, and employment. ▶ Attending meetings, returning calls, providing requested paperwork in a timely manner. ▶ Notifying SHE or your counselor when changing housing goal ▶ Attending educational workshop(s) (for example: Pre-purchase workshop or Financial Education workshop) as recommended. ▶ Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Agency Conduct: No SHE 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 organization's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships/Freedom of Choice: SHE has affiliations with National Council of La Raza (NCLR), NeighborWorks America, various lenders and government entities throughout the San Joaquin Valley. You are not obligated to use the products and services of SHE or our partners in order to receive housing counseling from our organization. You may consider seeking alternative products and services from entities including Federal Housing Agency (FHA) for first-time homebuyer programs or other local or state organizations. You are entitled to choose whatever real estate professionals, lenders and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks and legal aid assistance. This list also identifies alternative agencies that provide services, programs or products identical to those offered by SHE and its partners/affiliates.

/

 Initials **Privacy Policy:** I/we acknowledge that I/we received a copy of SHE's Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree SHE, its employees, agents and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in SHE counseling; and I/we hereby release and waive all claims of action against SHE and its affiliates. I/we have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement of assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, SHE, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with SHE grantors such as NCLR or NeighborWorks America.

 Signature Date Signature Date

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PRIVACY POLICY

Privacy Policy and Practices:

Self-Help Enterprises values your trust and is committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- Information that we receive from you on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

Information we receive from you on applications or other forms, such as your name, address, social security number, employer, occupation, assets, debts and income;

Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and

Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom Do We Disclose?

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program review, auditing, research and oversight purposes.

We may also disclose personal information about you to third parties as permitted by law.

Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check, Box 2 on the attached Privacy Choices Form.

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PRIVACY POLICY

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

Box 1 - Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

Box 2 - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Signature

Date

Signature

Date

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

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Resource and Referral List

*****PLEASE CONTACT OUR OFFICE IF YOU WOULD LIKE A COPY OF THE REFERRAL LIST FOR YOUR COUNTY.**



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CLIENT AUTHORIZATION FOR HOMEOWNERSHIP COUNSELING

CLIENT NAME(S): _____

COUNSELOR NAME: _____

I would like to participate in your counseling sessions to help me improve my housing situation. I understand that my home counselor may discuss information about my credit history, financial situation, employment and other information with me, and with other representatives of financial institutions, or agencies, as necessary to assist me in improving my housing situation. I understand that information about me will not be discussed with anyone not directly involved in our efforts to improve my housing situation.

I hereby authorize my home counselor to discuss any information related to my personal circumstances that may be necessary in our attempts to improve my housing situation, and to release and/or obtain credit, financial, employment and other information to and/or from other agencies or financial situations when disclosing this information is essential to the improvement of my housing situation.

It is expressly understood that it is my option to work with the real estate agent and/or lender and/or attorney and/or other representative(s) of my choosing, and the home counseling agency will work with such representative in assisting me to improve my housing situation.

It is further understood that in consideration of the home counseling agency's assistance with my housing situation, I agree to hold harmless the home counseling agency and its agents and/or employees from any and all claims or causes of actions arising, or which may arise, from mistakes, errors or omissions in regards to said counseling. It is also understood that the counseling agency is not obligated to sell me/us a home, nor am I/we obligated to purchase a home by participating in this program.

I understand and authorize my home counselor to provide my complete credit package including paystubs, bank statements, W-2s and tax returns to the loan processor for use in determining my eligibility if I choose to apply for a DPA loan being administered by Self-Help Enterprises. I also understand that additional documentation may be required and that the loan processor will request that documentation as needed.

I/we hereby authorize SHE to verify my/our past and present employment earnings records, bank accounts, stock holdings, any other asset balances that are needed to process a mortgage loan application. I/we further authorize SHE to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. Furthermore, in order to determine outcomes, and should I not provide home mortgage closing information, SHE is authorized to request a copy of our final settlement statement (closing disclosure) from the appropriate lender or Title company. It is understood that a photocopy of this form will also serve as authorization.

Signature

Date

Signature

Date

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MONTHLY EXPENSES WORKSHEET



Housing

Table with 2 columns: Expense Name, Amount (\$). Rows include Rent/Mortgage, Heating, Electricity, Water/Sewage, Telephone, Insurance, Trash/Garbage Service, Home maintenance/Furnishings, Cleaning Supplies/Lawn Service, Pest Control/Security System, Gas/Oil Change, Car Payment, Car Insurance, Car Repairs/Maintenance, License/registration, Public Transportation/Taxi, Parking / Tolls.

Food

Table with 2 columns: Expense Name, Amount (\$). Rows include Grocery, School Lunch, Work Related (Lunch / Snacks).

Insurance

Table with 2 columns: Expense Name, Amount (\$). Row includes Disability.

Medical

Table with 2 columns: Expense Name, Amount (\$). Rows include Doctor, Dentist, Prescriptions.

Child Care

Table with 2 columns: Expense Name, Amount (\$). Rows include Childcare/babysitter, Child Support / Alimony.

Clothing

Table with 2 columns: Expense Name, Amount (\$). Rows include Clothing / Shoes, Laundry / Dry cleaning.

Donations

Table with 2 columns: Expense Name, Amount (\$). Row includes Religious / Charity.

Education

Table with 2 columns: Expense Name, Amount (\$). Rows include Tuition/Student Loans, Books, paper/supplies, Newspapers/Magazines, Lessons (sports,dance,music).

Gifts

Table with 2 columns: Expense Name, Amount (\$). Rows include Birthday, Major Holiday.

Personal

Table with 2 columns: Expense Name, Amount (\$). Rows include Barber/Beauty shop, Allowance, Tobacco products, Beer / Wine / Liquor.

Entertainment

Table with 2 columns: Expense Name, Amount (\$). Rows include Movies/ Sports / Concerts, Video Rental, Internet, Cable / Satellite TV, Restaurant / takeout meals, Gambling / Lottery, Fitness Social Club, Vacations / Trips, Hobbies / Crafts, Checking Acct / Money Order Fees, Pet Care / supplies, Postage, Pictures / photo processing, Pocket "mad" money.

Debts

Table with 2 columns: Expense Name, Amount (\$). Rows include Student Loan, Credit Card, Credit Card, Credit Card.

Other Finances

Table with 2 columns: Expense Name, Amount (\$). Rows include Savings, Retirement, Other.

Total regular monthly expenses: \$ []