

MONTHLY BUDGET ANALYSIS

Name: _____
Address: _____

File#: _____

Home Phone#: _____
Cell Phone #: _____
Other#: _____

Employer: _____

Reason for Delinquency: _____

MONTHLY INCOME:

MONTHLY EXPENSES:

Household Income	\$	Mortgage/Rent	\$
	\$	Auto Payment	\$
	\$	Auto Insurance	\$
	\$	Student Loans	\$
	\$	Other Loans	\$
	\$	Other Loans	\$
	\$	Other Loans	\$
	\$	Utilities:	\$
	\$	Gas & Electric	\$
	\$	Cable	\$
	\$	Phone	\$
	\$	Water	\$
	\$	Groceries	\$
	\$	Other	\$
Total Income:	\$	Total Expenses:	\$
Minus Total Expenses	\$		
Net Income	\$		

Proposed Settlement, down payment and/or payment amount including start/due date:

SIGNATURE: _____ DATE: _____

This communication is from a debt collector.

The Attorneys in this office are only licensed to practice in the State of Maryland.

This is an attempt to collect a debt and any information obtained may be used for that purpose.