New Jersey Courts
Independence • Integrity

FORECLOSURE MEDIATION FINANCIAL WORKSHEET

Independence • Integrity Fairness • Quality Service										
County		Doc	кет NO: F							
			200							
		V.								
Plaintiff's Name	Plaintiff's Name					First Defendant's Name				
PERSONAL INFORMATION										
Borrower's Name			Co-Borrower's Name							
Social Security Number Date of Bi	rth (mm/o	d/yyyy)	Social Security Number Date of Birth (mm/dd/yyyy)							
Married Civil Union/ Dom	nestic Pa	rtner	Married Civil Union/ Domestic Partner							
Separated Unmarried (singl	e, divorc	ed, widowed)	Separated Unmarried (single, divorced, widowed)							
Dependents (Not listed by Co-Borrower)			Dependents (Not listed by Borrower)							
Present Address (Street, City, State, Zip)			Present Address (Street, City, State, Zip)							
	Ем	PLOYMENT	INFORMAT	TION						
Employer	🗌 Sel	f Employed	Employer			Self Employed				
Position/Title	Date of	Employment	Position/Title	e		Date of Employment				
Second Employer			Second Emp	olover						
				,						
Position/Title	Date of	Employment	Position/Title			Date of Employment				
		ASS								
Assets: Liquid		Estimate	d Value	Amt.	Owed	Net Value				
Cash										
Savings Accounts										
Checking Accounts										
Certificates of Deposits (CD's)										
Stocks/Bonds/Mutual Funds										
All Retirement Assets (401(k)s, IRA's,	etc.)									
Assets: Non-Liquid										
Primary Home										
Other Real Estate										
Personal Property										
Automobile 1										
Automobile 2										
Cash Value of Life Insurance										
Other Assets (Limited Partnership, etc.)	Tatal									
	Total	MONTH	VINCOME							
MONTHLY INCOME Monthly Income: Borrower Co-Borrower Total										
Gross Salary/Wages		Bonte		00 00		Total				
Net Salary/Wages										
Overtime Wages										
Commissions										
Bonuses										
Social Security										
Unemployment Income										
Disability (short term or long term)										
Rental Income										
Child Support/Alimony										
Pension										
Other Contributory Income										
Total Net (do not include Gross income)										

EXPENSE AND LIABILITIES									
	Monthly Payments	5	Balance Due	# Mos. Delinquent					
First Mortgage (plus real estate taxes)									
Second Mortgage									
Other Judgments									
Homeowners' Association Dues									
Property Maintenance									
Other Mortgages									
Automobile Loan(s)									
Automobile Insurance									
Auto Expenses (gas, maintenance, etc.)									
Student Loans (tuition, private school)									
Child Support/Child Care									
Dependent Care									
Alimony									
Medical Charges/Prescriptions									
Utilities: Gas									
Utilities: Electricity									
Utilities: Water/Trash/Sewer									
Home Telephone/Cell Phone									
Cable TV/Internet									
Groceries/Toiletries									
Health Insurance (health, dental, etc., not deducted from checks)									
Leisure (hobbies, dining out, movies, etc.)									
Contributions/Gifts (church donations, birthday gifts, etc.)									
Newspapers/Periodicals									
Additional Expenses:									
Credit Cards: (add separate sheet for additional lines)									
Credit Cards/Installment Loan									
Credit Cards/Installment Loan									
Credit Cards/Installment Loan									
Credit Cards/Installment Loan									
Credit Cards/Installment Loan									
Total									
 I / We obtained a mortgage loan(s) secured by the above-described property. I / We have described my/our present financial condition and reason for default and have attached required documentation. I / We consent to the release of this financial worksheet and attachments to the mediator and the plaintiff or plaintiff's servicing company by way of the plaintiff's attorney. By signing below, I / we certify the information provided is true and correct to the best of my / our knowledge. 									
Signature of Borrower	Home Pho	one No	Cell Phone No.	Date					
				Date					
Signature of Co-Borrower	Home Pho	one No.	Cell Phone No.	Date					