



# Personal Income and Expense Analysis

Applicants must also complete SBA Form 413 - Personal Financial Statement

Name (s) \_\_\_\_\_

| INCOME                 |                              | MONTHLY | ANNUAL |
|------------------------|------------------------------|---------|--------|
| GROSS SALARY           | Principal (proposed)         |         |        |
|                        | Spouse                       |         |        |
| OTHER RECURRING INCOME | Rental                       |         |        |
|                        | Interest                     |         |        |
|                        | Dividends/Draw from business |         |        |
|                        | Other income*                |         |        |
| <b>TOTAL INCOME</b>    |                              |         |        |

\*Alimony or child support payments need not be disclosed unless it is desired to have such payments counted toward total income.

| EXPENSES                                  |   | MONTHLY | ANNUAL |
|---|---|---------|--------|
| MORTGAGE PAYMENTS                         | Residence PITI <input type="checkbox"/> P & I <input type="checkbox"/>              |         |        |
|   | Residence HELOC / 2nd Mortgage  |         |        |
|   | Rental/other property: PITI <input type="checkbox"/> P & I <input type="checkbox"/> |         |        |
| RENT EXPENSE                              | Residence or Apartment  |         |        |
| RESIDENCE EXPENSES                        | Lawn, pool, HOA, etc.   |         |        |
| AUTO LOANS                                | ALL   |         |        |
| INSTALLMENT LOANS                         | ALL   |         |        |
| REVOLVING CREDIT                          | 3% of all balances  |         |        |
| UTILITIES                                 | Power/Phone/Cable/ISP   |         |        |
| INSURANCES                                | Health/Life/Auto/Other  |         |        |
| FOOD                                      | Estimate  |         |        |
| CLOTHING                                  | Estimate  |         |        |
| MEDICAL EXPENSES                          | 3-year average  |         |        |
| INCOME TAXES                              | 3-year average  |         |        |
| PROPERTY TAXES                            | If not included above   |         |        |
| ALIMONY / CHILD SUPPORT                   | If applicable   |         |        |
| CHILD CARE                                | If applicable   |         |        |
| MISCELLANEOUS                             | 5-10% of Total Income   |         |        |
| OTHER EXPENSES                            |   |         |        |
| OTHER EXPENSES                            |   |         |        |
| <b>TOTAL EXPENSES</b>                     |   |         |        |
| <b>NET DISCRETIONARY INCOME</b>           |   |         |        |
| <b>COVERAGE RATIO (Income / Expenses)</b> |   |         |        |

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_