## MONTHLY BUDGET ANALYSIS

Name:	File#:		
Address:			· ·
Home Phone#:			
Cell Phone #:			
Other#:			
Employer:			
Reason for Delinquency	•		
MONTHLY INCOME:		MONTHLY EXPE	NSES:
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, do	own payment and/or payn	nent amount including	start/due date:
r	T "J	<i>S S S</i>	
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.