



## **“YOUR PLACE FOR HOUSING COUNSELING”**

A service of Renewed Inc.

**PLEASE READ THIS DOCUMENT IN ITS ENTIRETY  
PRIOR TO YOUR APPOINTMENT.**

Failure to provide us with all required documentation will result in a delay in the processing of your file. Homeowners who come to their appointment without all of the necessary documentation will not be able to meet with an Advisor; and your appointment will have to be rescheduled for a later date. In addition if you are more than 15 minutes late for your appointment rescheduling will be required.

**PLEASE READ THIS DOCUMENT IN ITS ENTIRETY  
PRIOR TO YOUR APPOINTMENT.**

9453 S. Ashland Ave. Suite 7 Chicago, Illinois 60620  
Phone (773)239-5656 Fax (773)239-5647 Email: [renewedinc@att.net](mailto:renewedinc@att.net)  
Website: [www.renewedinc.org](http://www.renewedinc.org)



*Equal Employment Opportunity and Affirmative Action Agency*

A service of  
Renewed Inc. "Your Place for Housing Counseling"

Dear Homeowner,

Thank you for taking prompt action in protecting your home from foreclosure. We are pleased that you have chosen The Homeownership Center "Your Place for Housing Counseling", a service of Renewed Inc., to work with you through the challenges of mortgage hardship. Our main goal is to provide you with as much assistance as we possibly can to get you back on the right track.

The first step in the advising process is to attend a Foreclosure Prevention Information Session. You are scheduled to attend an information session on:

\_\_\_\_\_, 201\_\_ at \_\_\_\_\_ am / pm

- This session will last approximately an hour and a half.
- Prompt arrival is a requirement for this information session.
- Homeowners who arrive late will not be admitted and will need to reschedule their appointment.

**Enclosed you will find a list of required documentation. Please carefully review this list and collect as many of the documents noted as you possibly can. Providing insufficient documentation to our office will result in a delay in the processing of your file.**

If you have any additional questions, please feel free to contact me via phone at (773)239-5256 or by e-mail at [renewedinc@att.net](mailto:renewedinc@att.net). We look forward to working with you.

Sincerely,

Judith A. Smith  
Foreclosure Prevention Coordinator

9453 S. Ashland Ave. Suite 7● Chicago, Illinois 60620  
Phone (773)239-5656 Fax (773)239-5647 Email: [renewedinc@att.net](mailto:renewedinc@att.net)  
Website: [www.renewedinc.org](http://www.renewedinc.org)



*Equal Employment Opportunity and Affirmative Action Agency*

A service of  
Renewed Inc. “Your Place for Housing Counseling”

**Required Documentation**

In order to help us serve you more efficiently, it is imperative that you supply us with relevant, accurate, and complete information. A valuable action plan to save your home cannot be formulated if you do not provide us with proper documentation.

- **It is very important that you do not bring unopened mail to your appointment. Please open and review all mail correspondence before your appointment.**
  - **Please bring copies of all your original documents to your appointment. Original documents will not be kept in the file. Please remove all staples, paperclips, etc prior to your meeting.**
  - **Documents must be in the order listed below and ready for us to review as soon as you arrive to the information session.**
1. Mortgage Note- Found in your closing documents. Please provide all pages. Sample can be found in the back of this packet.
  2. Warranty Deed- Found in your closing documents. Please provide all pages. Sample can be found in the back of this packet.
  3. Deed of Trust- Found in your closing documents. Please provide all pages. Sample can be found in the back of this packet.
  4. Most Recent Paystubs: Please provide 60 days of paystubs.
  5. Hardship Letter- Typed (handwritten is acceptable) explanation of why mortgage is delinquent.
  6. Budget- Complete budget included in this packet.
  7. Mortgage Statement- Provide all recent statements from your lender.

A service of  
Renewed Inc. “Your Place for Housing Counseling”

8. Bank Statements- Provide last two months statements for all bank accounts. All pages.
  9. Tax Returns- Provide signed and dated returns for the last two years including all W-2s and/or 1099 forms. All pages and schedules.
  10. Self-Employed Homeowners Only: Profit and Loss Statement- Provide profit and loss statement along with six months of business and personal bank statements.
  11. Unemployment Benefit Letter, Award Letters for Food Stamps Benefits, Retirement, Pension, Social Security (SSI), Child Support, and/or Alimony or other income. All income must be verified. (if applicable)
  12. Homeowners Association Dues Statement (if applicable).
  13. Bankruptcy Discharge Letter- Date, file number, and type of bankruptcy must show on letter. (if applicable)
  14. Property Tax and Homeowners Insurance Statements, if not paid through mortgage.
  15. Attorney Correspondence
  16. Most Recent Utility Bills
  17. Rental Agreements (if applicable)
  18. Letter of Contribution- If income is received from anyone residing inside or outside of the home, please have them to type and sign (handwritten is acceptable) a letter to explain how much they are contributing, how long they have been contributing, and how long they will continue to contribute.
- **If a loan modification has been received in the last 12 months, please provide documentation of the modification.**

A service of  
Renewed Inc. "Your Place for Housing Counseling"

**Privacy Policy**

Renewed Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Prevention Counseling Agreement and Disclosure Statement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

**Types of information that we gather about you**

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

Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and

Information we receive from a credit reporting agency, such as your credit history.

**You may opt-out of certain disclosures**

You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.

If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at (773)239-5256 and do so.

**Release of your information to third parties**

So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).

Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

---

Opt-Out

I acknowledge that I have received a copy of Renewed Inc.'s Privacy Policy.

HOMEOWNER SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

A service of  
Renewed Inc. “Your Place for Housing Counseling”

**Authorization for Release of Information**

I hereby authorize Renewed Inc. to release and/or exchange information from my records with institutions, companies and/or agencies that Renewed Inc. believes can provide assistance in resolving a mortgage default. Examples of such entities include mortgage servicers, mortgage investors, public agencies and/or other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release and/or exchange will be restricted to specific financial data including budget analysis, debt analysis, and any mortgage details provided by you the homeowner.

I understand that the provision of services at Renewed Inc. is not contingent upon my decision concerning the release and/or exchange of information.

The doctrine of informed consent has been explained to me and I understand the contents to be released and/or exchanged, the reason for requesting information, and the statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire one year from the date signed below. I also acknowledge that a signed photocopy of this form is equally recognizable to the original authorization form.

\_\_\_\_\_  
Printed Name of Homeowner

\_\_\_\_\_  
Printed Name of Homeowner

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Advisor

\_\_\_\_\_  
Date Signed

A service of  
Renewed Inc. “Your Place for Housing Counseling”

**General Statement and Authorization**

I hereby give my permission and authorize the Renewed Inc. (Federal Tax ID XX-XXX9243) and its Advisors to provide and/or receive information on my mortgage loan. I understand that Renewed Inc. is a non-profit counseling agency. Renewed Inc. and its Advisors—have my permission and authorization to provide and/or receive information in regards to my mortgage loan. Information can be provided and/or received from my lender and/or servicer, a credit reporting agency, an attorney, and/or any other persons or companies with access to pertinent information as it relates to my mortgage loan.

I also authorize Renewed Inc. and its Advisors to obtain the principal balance, interest rate, escrow balance, reinstatement amount, payment arrangements and options, hardship assistance, pre-foreclosure or short sale options, lender and/or servicer correspondence, signed loan closing documents, and/or any other information required to assist me from persons or companies with legal access to this information. I fully understand that a signed photocopy of this form is equally recognizable as proper authorization and I acknowledge that this signed authorization form will remain valid and on record for one calendar year from the date signed below.

Loan Number \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Homeowner

\_\_\_\_\_  
Printed Name of Homeowner

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth and Age

\_\_\_\_\_  
Date of Birth and Age

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

A service of  
Renewed Inc. “Your Place for Housing Counseling”

**Foreclosure Prevention Counseling Agreement and Disclosure Statement**

This counseling agreement is made between the Renewed Inc. and the Homeowner(s).

I understand that Renewed Inc. provides foreclosure prevention counseling after which I will receive a written action plan consisting of recommendations for handling my finances. I may also be referred to other housing agencies as Renewed Inc. deems necessary.

I understand that Renewed Inc. does not receive Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and as such, may share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance, and evaluation.

I give authorization for NFMC program administrators and/or their agents to follow-up with me for the purposes of program evaluation.

I understand that Renewed Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from Renewed Inc. in no way obligates me to choose any of these particular loan products or housing products.

I understand that an Advisor can answer questions and provide information as needed, but under no circumstances will an Advisor give me legal advice. I will be referred to the appropriate entity as needed if I require legal advice.

I acknowledge the receipt of Renewed Inc’s Privacy Policy.

\_\_\_\_\_  
Printed Name of Homeowner

\_\_\_\_\_  
Printed Name of Homeowner

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed



A service of  
Renewed Inc. “Your Place for Housing Counseling”

**Homeowner/Advisor Contract**

Renewed Inc. and its Advisors agree to provide the following to the Homeowner(s):

- Analysis of the mortgage default including the amount and cause of default.
- Presentation and explanation of reasonable options available to the homeowner.
- Assistance communicating with the mortgage servicer and other creditors.
- Timely completion of promised action.
- Explanation of collection and foreclosure process.
- Identification of assistance resources.
- Referrals to needed resources.
- Confidentiality, honesty, respect and professionalism in all services.

The Homeowners(s) agree to the following terms of service:

- Provide honest and complete information to the Advisor whether it be verbally or in writing.
- Provide all necessary documentation and follow-up information within the timeframe requested.
- Arrive on time for appointments. Homeowner(s) understands that if they are more than 15 minutes late for an appointment—the appointment may be rescheduled by the Advisor for a later date.
- Call within six hours of scheduled appointment if the Homeowner(s) is unable to attend an appointment.
- Contact the Advisor in regards to any changes in status immediately.

Homeowner(s) understand that breaking the agreement may cause the counseling organization to dissolve any counseling services and assistance provided to the homeowner(s).

---

Printed Name of Homeowner

---

Printed Name of Homeowner

---

Signature of Homeowner

---

Signature of Homeowner

---

Date Signed

---

Date Signed

---

Signature of Advisor

---

Date Signed

Servicer: \_\_\_\_\_

Loan Number: \_\_\_\_\_

**HELP FOR AMERICA'S HOMEOWNERS.**



### **Dodd-Frank Certification**

The following information is requested by the federal government in accordance with the Dodd-Frank Wall Street Reform and Consumer Protection Act (Pub. L. 111-203). You are required to furnish this information. The law provides that no person shall be eligible to begin receiving assistance from the Making Home Affordable Program, authorized under the Emergency Economic Stabilization Act of 2008 (12 U.S.C. 5201 et seq.), or any other mortgage assistance program authorized or funded by that Act, if such person, in connection with a mortgage or real estate transaction, has been convicted, within the last 10 years, of any one of the following: (A) felony larceny, theft, fraud, or forgery, (B) money laundering or (C) tax evasion.

I/we certify under penalty of perjury that I/we have not been convicted within the last 10 years of any one of the following in connection with a mortgage or real estate transaction:

- (a) felony larceny, theft, fraud, or forgery,
- (b) money laundering or (c) tax evasion.

I/we understand that the servicer, the U.S. Department of the Treasury, or their agents may investigate the accuracy of my statements by performing routine background checks, including automated searches of federal, state and county databases, to confirm that I/we have not been convicted of such crimes. I/we also understand that knowingly submitting false information may violate Federal law.

This Certificate is effective on the earlier of the date listed below or the date received by your servicer.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower Signature

\_\_\_\_\_  
Date

# Monthly Household Budget

Income	Amount	Total Income _____	
Take Home Pay		Subtract- _____	
Allowance		Total All Expenses _____	
Gifts		= Cash on _____	
		Hand	
Part-time Jobs/Chores			
Total Income			
Allowance			
Gifts			
Part-time Jobs/Chores			
Other Sources			
Income Total	\$		
Household Expenses	Amount	Food Expenses	Amount
Rent/Mortgage		Groceries	
Water		Lunches and Snacks	
Electric and Gas		Eating Out	
Cable/Satellite TV		Food Total	\$
Internet			
Home and Cell Phone		Healthcare Expenses	Amount
Other Household Expenses		Doctor	
Household Total	\$	Dentist	
		Prescriptions	
Transportation Expenses	Amount	Medical Insurance	

Car Payment		Other Healthcare	
Insurance		Healthcare Total	\$
Gasoline			
Maintenance and Repairs		Personal Expenses	Amount
Public Transportation		Clothes and Shoes	
Parking, Tolls, Etc		Toiletries	
Transportation Total	\$	Laundry and Cleaners	
		Hair Care	
Entertainment Expenses	Amount	Other Personal	
Movies/Games/Concerts		Personal Total	\$
Dates			
Vacations		Miscellaneous Expenses	Amount
Music Purchases		Credit Cards	
Books/Magazines/Newspaper		Savings and Investing	
Hobbies		Education Loans	
Other Entertainment		Other Education	
Entertainment Total	\$	Gifts and Charity	
		Pets	
		Miscellaneous Total	\$



A service of  
Renewed Inc. "Your Place for Housing Counseling"

### Office Directions

#### From I-55 South:

- From I-55 South, 277B to merge onto I294 toward Indiana
- Take Exit US -12E ,US -20 E toward 76<sup>th</sup> Ave
- Keep right on US-12E
- Turn left onto S Ashland Ave

*The destination will be on your right Next to ABC Bank across the street from Third Baptist church*

9453 S. Ashland Avenue Chicago, Illinois 60620

**\*\*\* PLEASE RING BUZZER SECURED ENTRANCE\*\*\***

#### From downtown Chicago via I- 94E :

- From I-94E keep left toward Indiana
- Take exit 62 toward US-12 , US -20
- Turn right onto 95<sup>th</sup> St (*McDonald's will be on the right* )
- Continue onto 95<sup>th</sup> St and turn right on S Ashland Ave.
- The destination is on your right

#### From South Suburbs via I-94W:

- From I-94W keep left toward Chicago
- Take exit 63 on the left to merge onto I057 S toward Memphis
- Take exit 357 toward IL-1, Halsted St.
- Turn left onto W 98<sup>th</sup> Place
- Turn right onto South Halsted
- Turn left onto S Ashland Ave
- The destination is on your right

SAMPLE  
DOCUMENTS

Loan No.:

**NOTE**

MIN:

MERS TELEPHONE: (888) 679-6377

CHARLOTTE, NORTH CAROLINA

[City]

[State]

December 5, 2006

[Date]

7511

AVE, CHARLOTTE, NORTH CAROLINA 28212

[Property Address]

**1. BORROWER'S PROMISE TO PAY**

In return for a loan that I have received, I promise to pay U.S. \$ 38,600.00 (this amount will be called "principal"), plus interest, to the order of the Lender. The Lender is

**ACCESS NATIONAL MORTGAGE**

understand that the Lender may transfer this Note. The Lender or anyone who takes this Note by transfer and who is entitled to receive payments under this Note will be called the "Note Holder."

**2. INTEREST**

I will pay interest at a yearly rate of 11.625.

Interest will be charged on unpaid principal until the full amount of principal has been paid.

**3. PAYMENTS**

I will pay principal and interest by making payments each month of U.S. \$ 385.94.

I will make my payments on the **FIRST** day of each month beginning on **February 1, 2007**. I will make these payments every month until I have paid all of the principal and interest and any other charges, described below, that I may owe under this Note. If, on **January 1, 2037**, I still owe amounts under this Note, I will pay all those amounts, in full, on that date.

I will make my monthly payments at

**RESTON, VIRGINIA 20191** or at a different place if required by the Note Holder.

**4. BORROWER'S FAILURE TO PAY AS REQUIRED****(A) Late Charge for Overdue Payments**

If the Note Holder has not received the full amount of any of my monthly payments by the end of fifteen (15) calendar days after the date it is due, I will pay a late charge to the Note Holder. The amount of the charge will be four percent (4.00%) of my overdue payment. I will pay this late charge only once on any late payment.

**(B) Notice From Note Holder**

If I do not pay the full amount of each monthly payment on time, the Note Holder may send me a written notice telling me that if I do not pay the overdue amount by a certain date I will be in default. That date must be at least 10 days after the date on which the notice is mailed to me or, if it is not mailed, 10 days after the date on which it is delivered to me.

**(C) Default**

If I do not pay the overdue amount by the date stated in the notice described in (B) above, I will be in default. If I am in default, the Note Holder may require me to pay immediately the full amount of principal which has not been paid and all the interest that I owe on that amount.

Even if, at a time when I am in default, the Note Holder does not require me to pay immediately in full as described above, the Note Holder will still have the right to do so if I am in default at a later time.

**(D) Payment of Note Holder's Costs and Expenses**

If the Note Holder has required me to pay immediately in full as described above, the Note Holder will have the right to be paid back for all of its costs and expenses to the extent not prohibited by applicable law. Those expenses include, for example, reasonable attorneys' fees.

**5. THIS NOTE SECURED BY A DEED OF TRUST**

In addition to the protections given to the Note Holder under this Note, a Deed of Trust, dated **December 5, 2006**, protects the Note Holder from possible losses which might result if I do not keep the promises which I make in this Note. That Deed of Trust describes how and under what conditions I may be required to make immediate payment in full of all amounts that I owe under this Note.

**6. BORROWER'S PAYMENTS BEFORE THEY ARE DUE**

I have the right to make payments of principal at any time before they are due. A payment of principal only is known as a "prepayment." When I make a prepayment, I will tell the Note Holder in a letter that I am doing so. A prepayment of all of the unpaid principal is known as a "full prepayment." A prepayment of only part of the unpaid principal is known as a "partial prepayment."

I may make a full prepayment or a partial prepayment without paying any penalty. The Note Holder will use all of my prepayments to reduce the amount of principal that I owe under this Note. If I make a partial prepayment, there will be no delays in the due dates or changes in the amounts of my monthly payments unless the Note Holder agrees in writing to those delays or changes. I may make a full prepayment at any time. If I choose to make a partial prepayment, the Note Holder may require me to make the prepayment on the same day that one of my monthly payments is due. The Note Holder may also require that the amount of my partial prepayment be equal to the amount of principal that would have been part of my next one or more monthly payments.

**7. BORROWER'S WAIVERS**

NORTH CAROLINA - SECOND MORTGAGE - 1/80 - FNMA/FHLMC UNIFORM INSTRUMENT

Form 3934

Page 1 of 2

VMP-75(NC) (0208)  
nc2ndnot

Initials: \_\_\_\_\_



SAMPLE DOCUMENT

Excise Tax: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

NORTH CAROLINA GENERAL WARRANTY DEED

Mail after recording to \_\_\_\_\_

This instrument prepared by \_\_\_\_\_

Brief description for the index \_\_\_\_\_

THIS DEED made this the \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, by and between

Grantor	Grantee
SAMPLE	SAMPLE

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine, or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, that certain lot or parcel of land situated in \_\_\_\_\_ Township, \_\_\_\_\_ County, North Carolina, and more particularly described as follows:



**Recording Requested By:**

[Company Name]

**And When Recorded Mail To:**

[Company Name]

[Name of Natural Person]

[Street Address]

[City, State Zip Code]

\_\_\_\_\_[Space Above This Line For Recording Data]\_\_\_\_\_

**(SAMPLE)  
DEED OF TRUST**

MIN:

**DEFINITIONS**

Words used in multiple sections of this document are defined below and other words are defined in Sections 3, 11, 13, 18, 20 and 21. Certain rules regarding the usage of words used in this document are also provided in Section 16.

(A) "Security Instrument" means this document, which is dated \_\_\_\_\_, together with all Riders to this document.

(B) "Borrower" is \_\_\_\_\_

\_\_\_\_\_. Borrower is the trustor under this Security Instrument.

(C) "Lender" is \_\_\_\_\_

Lender is a \_\_\_\_\_

\_\_\_\_\_, organized and existing under the laws of \_\_\_\_\_.

\_\_\_\_\_. Lender's address is \_\_\_\_\_.

(D) "Trustee" is \_\_\_\_\_

Initials \_\_\_\_\_

## **Sample Profit and Loss Statement for Self-Employed Homeowners**

Note: This is a sample template to be used as a guide for homeowners. Depending on your business, you may be asked to provide additional information.

Name of Company: \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Gross margin	%	%
Return on sales	%	%

Quarterly OR Year-to-date

**Sales Revenue**

Sales Revenue	\$	\$
<b>Total Sales Revenue</b>	\$	\$

**Cost of Sales**

Product/Service	\$	\$
<b>Total Cost of Sales</b>	\$	\$

**Gross Profit**

	\$	\$
--	----	----

**Operating Expenses**

**Sales and Marketing**

Advertising	\$	\$
<b>Total Sales and Marketing Expenses</b>	\$	\$

**Research and Development**

Technology licenses	\$	\$
<b>Total Research and Development Expenses</b>	\$	\$

**General and Administrative**

Officer wages and salaries	\$	\$
Employee wages and salaries	\$	\$
Supplies	\$	\$
Meals and entertainment	\$	\$
Rent	\$	\$
Telephone	\$	\$
Utilities	\$	\$
Depreciation	\$	\$
Insurance	\$	\$
Repairs and maintenance	\$	\$
<b>Total General and Administrative Expenses</b>	\$	\$

**Total Operating Expenses**

	\$	\$
--	----	----

**Income from Operations**

	\$	\$
--	----	----

**Other Income**

	\$	\$
--	----	----

**Taxes**

Income taxes	\$	\$
Payroll taxes	\$	\$
Real estate taxes	\$	\$
Other taxes (specify):	\$	\$
Other taxes (specify):	\$	\$
<b>Total Taxes</b>	\$	\$

**Net Profit**

	\$	\$
--	----	----

## **Instructions for Completing Sample Profit and Loss Statement for Self-Employed Homeowners**

## Sample Profit and Loss Statement for Self-Employed Homeowners

*Note: This is a sample template to be used as a guide for homeowners.*

*Depending on your business, you may be asked to provide additional information.*

Name of Company: \_\_\_\_\_

Dates: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

Gross margin	1		%
Return on sales	2		%

Quarterly OR Year-to-date

### Sales Revenue

Sales Revenue		\$	\$
Total Sales Revenue	3	\$	\$

### Cost of Sales

Product/Service		\$	\$
Total Cost of Sales		\$	\$

Gross Profit	4	\$	\$
--------------	---	----	----

### Operating Expenses

#### Sales and Marketing

Advertising		\$	\$
Total Sales and Marketing Expenses		\$	\$

#### Research and Development

Technology licenses		\$	\$
Total Research and Development Expenses		\$	\$

#### General and Administrative

Officer wages and salaries		\$	\$
Employee wages and salaries		\$	\$
Supplies		\$	\$
Meals and entertainment		\$	\$
Rent		\$	\$
Telephone		\$	\$
Utilities		\$	\$
Depreciation		\$	\$
Insurance		\$	\$
Repairs and maintenance		\$	\$

Total General and Administrative Expenses		\$	\$
---	--	----	----

Total Operating Expenses	5	\$	\$
--------------------------	---	----	----

Income from Operations	6	\$	\$
------------------------	---	----	----

Other Income	7	\$	\$
--------------	---	----	----

### Taxes

Income taxes		\$	\$
Payroll taxes		\$	\$
Real estate taxes		\$	\$
Other taxes (specify):		\$	\$
Other taxes (specify):		\$	\$
Total Taxes		\$	\$

Net Profit	8	\$	\$
------------	---	----	----

The numbered sections correspond to the definitions below.

Please note that the numbered order of the definitions is not necessarily the ordering which the form should be completed.

In the columns, provide **either** your most recent Quarterly **or** Year to date numbers

1. Gross Margin= (Gross Profit)/ (Total Sales Revenue)

2. Return on Sales= (Net Profit)/ (Total Sales Revenue)

3. Total Sales Revenue=All Income from Sales or Services. All money collected from the work you have done.

4. Gross Profit= (Total Sales Revenue)-(Total Cost of Sales)

5. Total Operating Expenses= (Total Sales and Marketing Expenses)+(Total Research and Development Expenses)+(Total General and Administrative Expenses)

6. Income from Operations= (Gross Profit) -(Total Operating Expenses)

7. Examples of Other Income includes: bad debts recovered, interest, tax refunds and other miscellaneous business income

8. Net Profit= Income from Operations)+(Other Income)-(Total Taxes)