

# COMMERCIAL FUNDING NETWORK, INC.

Independent Financing For Your Business Growth

PO Box 9584  
Niskayuna, NY 12309  
518-346-2115 (tel)

**Personal Expense Schedule for:**

**Name:**

Current Expenses (Monthly)	Lender Name	Monthly Payment	Balance
Mortgage / Rent – Primary Residence			
Mortgage - Other			
Mortgage – Other			
Property Insurance - if not included in mortgage pmt			
Property Taxes - if not included in mortgage pmt			
Rental Expense	Landlord:		
Rental Expense	Landlord:		
Auto Loan or Lease			
Auto Loan or Lease			
Other Insurance			
Installment Loan - Other			
Installment Loan - Other			
Installment Loan - Other			
Credit Card Payments	CL:		
Credit Card Payments	CL:		
Credit Card Payments	CL:		
Credit Card Payments	CL:		
Credit Card Payments	CL:		
Credit Card Payments	CL:		
Personal Bank Line of Credit			
Utilities / Phone			
Clothing			
Food			
Alimony / Child Support			
Child Care			
Medical			
Other Expense - Itemize			
Other Expense – Itemize			
Other Expense - Itemize			
Other Expense - Itemize			
<b>TOTAL MONTHLY EXPENSES:</b>			

Signature (Applicant) _____	Date: _____ SS# (Applicant) _____
Signature (Co-Applicant) _____	Date: _____ SS# (Applicant) _____