



PO BOX 1280
CONROE, TEXAS 77305
(936) 760-1888

MONTHLY CASH FLOW STATEMENT

DATE: _____

NAME: _____

ADDRESS: _____

INCOME:

SOURCES OF CASH:

Salaries (Net)	_____
Interest/Dividends	_____
Bonus /Commissions	_____
Rents/Royalties	_____
Sale of Assets (Describe)	_____
Draw from Business	_____
Tax Refund	_____
Other ***	_____
Other	_____

*****ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH TO HAVE IT CONSIDERED AS A BASIS FOR REPAYING THIS OBLIGATION.**

TOTAL CASH RECEIVED: _____

EXPENSES:

Rent/Mortgage Debt Service	_____
Property Taxes	_____
Utilities	_____
Food, Clothing, Gas, Misc.	_____
Taxes/Income Taxes	_____
Insurance (Life,Auto,Home)	_____
Medical	_____
Child Care	_____
Other Debt (Car/personal)	_____
Revolving Charge Accounts	_____
Business Capital Injection	_____
Other (Please Itemize)	_____
Other	_____

TOTAL EXPENSES: _____

ENDING CASH (TOTAL CASH LESS EXPENSES): _____

SIGNATURE: _____