

MGIC Financial Analysis Form

Use the MGIC Financial Analysis Form — or a comparable analysis — to measure monthly cash flow, short-term savings and long-term savings. (If you use a form other than MGIC's, do not include the MI claim payment in your calculations.)

The form is available on MGIC/Link Servicing. Select *Short Sale* in the main menu. Enter the certificate number and select MGIC Financial Analysis Form.

MGIC Certificate No.	<input type="text"/>
Servicer Loan No.	<input type="text"/>
Coverage Status	<input type="text"/>
Borrower Name	<input type="text"/>
Property Address	<input type="text"/>

****All fields require completion, including co-borrower information.****

MONTHLY NET INCOME DATA			
	Borrower	Co-Borrower	Total
Net Salary/Wages:	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Alimony/Child Support:	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Rental Income:	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Other Income:	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
Describe Other Income:	<input type="text"/>		<input type="text" value="0.00"/>
Total Net Income:	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

MONTHLY EXPENSES			
Subject Property Mortgage Payment:	<input type="text"/>	Utilities:	<input type="text"/>
Subordinate Mortgage Payment:	<input type="text"/>	Telephone:	<input type="text"/>
Taxes & Insurance (if not escrowed):	<input type="text"/>	Religious Contributions/Charity:	<input type="text"/>
Other Mortgages/Rents:	<input type="text"/>	Club/Union Dues:	<input type="text"/>
Alimony/Child Support:	<input type="text"/>	Doctor/Dentist:	<input type="text"/>
Child Care:	<input type="text"/>	Medication:	<input type="text"/>
Credit Cards:	<input type="text"/>	Gas/Maint/Parking:	<input type="text"/>
Installment Loans:	<input type="text"/>	Food/Spending Money:	<input type="text"/>
Auto Loans:	<input type="text"/>	Auto Insurance:	<input type="text"/>
Other Revolving Debt:	<input type="text"/>	Other Expenses:	<input type="text"/>
Other Insurance:	<input type="text"/>	Describe Other Expenses:	<input type="text"/>
Describe Other Insurance:	<input type="text"/>		<input type="text"/>
Total Monthly Expenses:	<input type="text" value="0.00"/>		<input type="text"/>

CASH FLOW CALCULATION			
Total Net Income:	<input type="text" value="0.00"/>	Total net income from the MONTHLY NET INCOME section.	
Total Expenses:	<input type="text" value="0.00"/>	Total expenses from the MONTHLY EXPENSES section.	
Monthly Cash Flow:	<input type="text" value="0.00"/>	Monthly Cash Flow.	

ASSETS CALCULATION	
	Estimated Value
Cash, Liquid Investments:	<input type="text"/>
Checking Accounts:	<input type="text"/>
Savings/MM Accounts:	<input type="text"/>
Stocks/Bonds/CD's:	<input type="text"/>
Other:	<input type="text"/>
Total Assets:	<input type="text" value="0.00"/>

LONG TERM SAVINGS CALCULATION	
	Estimated Value
Tax Deferred Retirement Accounts:	<input type="text"/>
Value of Life Insurance:	<input type="text"/>
Other:	<input type="text"/>
Total Long Term Savings:	<input type="text" value="0.00"/>

REASONS FOR DEFAULT/ADDITIONAL COMMENTS
Describe the events and circumstances that have led to your being behind on your mortgage payments. For example, loss of job, illness, divorce, etc.

By submitting this form, I represent that the financial information provided is accurate and complete and all other MGIC [Delegation Requirements](#) are met. MGIC relies on the information provided to determine whether the loan qualifies for MGIC delegation without further review. All supporting documentation will be validated at claim submission for consistency.