

MONTHLY EXPENSES QUESTIONNAIRE:

Rent or Mortgage Payment:	\$
Car Payment:	\$
Insurance Payment:(car, home, renters, etc)	\$
Phone Bill:	\$
Electric Bill:	\$
Water Bill:	\$
Medical Bills:	\$
Credit Card Payments:	\$
Other Monthly Bills (Phone, Internet, Cable, etc.):	\$

Elite Cash Services appreciates your time in filling this document out, we work hard to help all of our customers in their time of need, and we work hard to help our customers get out of their cycle of debt. The information listed above is for verifying purposes only and will be used to verify your ability to repay your loan without incurring any financial hardships. If based on your qualifications you are not eligible for the loan you applied for Elite Cash Services will work to fit you into another loan that may fit your unique situation and still get you the funds you need.

DISCLOSURE:

1. You as the customer understand that this information is used to verify my ability to repay the loan without incurring any financial hardships.
2. You understand that providing false information can and may result in financial hardships for you and your family.
3. You also understand that by provided false information is considered fraud, and is prosecutable in court.
4. If you have monthly credit card bills we will need to see a copy of the statement for each of the credit card payments that you make per month. Please include these items with your other requested documentation.

By signing this you acknowledge that the information provided above is true and accurate to the best of your knowledge.

Customer(s) Signature: _____

Date: _____

Customer(s) Signature: _____

Date: _____

Creditor's Signature:



Date: June 23, 2008

ONCE YOU HAVE COMPLETED THIS FORM PLEASE FAX THIS FORM AND THE REQUESTED ITEMS IN THE EMAIL TO ELITE CASH SERVICES SECURE FAX LINE: 1-310-765-4776.