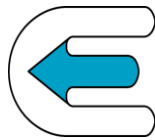


BUDGET FORM



Certified Environmental Contractors, LLC
520 New Egypt Road
Lakewood NJ 08701

Please read and fill this form out entirely and clearly, if something does not apply put "N/A."

If this form is not returned and filled out the reimbursement application cannot be filled out.

Incorrect or missing information will cause a delay in the application process. If you have any questions call
(732) 534-4892 fax (732)534-4893

General Information *Do not forget to provide your last 3 years Federal Tax Returns - Every page*

Name:	Date of Birth:
Street Address:	City, Zip:
Home Phone:	Work Phone:
Employer:	Employers Address:
Years Employed at above:	Title/position:

Spouse Information

Name:	Date of Birth:
Employer:	Employers Address:
Years Employed at above:	Work Phone:
Title/position:	

Property Information ** Please include a recent mortgage statement**

Mortgage Lender: _____

Present Balance\$ _____ Interest Rate: _____ %

Property Tax(per year)\$ _____ Home Insurance\$ _____

Year Purchased: _____ Purchase Amount\$ _____ Current Value\$ _____

Life Insurance *Do not include any policy numbers*

Company:	Face Amount:	Type:
Cash Value:	Amount Borrowed:	
Ownership:	Beneficiary:	

Company: _____ Face Amount: _____ Type: _____

Cash Value: _____ Amount Borrowed: _____

Ownership: _____ Beneficiary: _____

Automobiles

Lease [] Loan [] or Own [] Value of automobile(s), boat(s), Motorcycle(s), RVs etc.\$ _____

Lender: _____ Balance/Months Remaining: _____ Payment:\$ _____

Credit Card (Combined)

Monthly Payment:\$ _____ Balance: \$ _____

Other Loans or Notes Payable *Does not include car loans*

Due to: _____
Type: _____
Balance:\$ _____
Interest Rate: _____% Monthly Payment:\$ _____

Due to: _____
Type: _____
Balance:\$ _____
Interest Rate: _____% Monthly Payment:\$ _____

Miscellaneous

Tuition(per year)\$ _____

Day Care(per year)\$ _____

Child Support(per year):\$ _____

Auto Insurance(per year):\$ _____

Amount currently in bank:\$ _____
(list CD's and money markets on back)

Medical / Dental Expenses per year
(including co-pays):\$ _____

*Do you own any additional properties? Yes or No

*Do you have a business or partnership? Yes or No
(includes home business)

**Please call our office if you answered "yes" for additional information.*

Market Securities

If you have/had any market securities from 2007-2009 please provide an end of the year statement (12/31/09) for each.

List additional expenses along with value of personal property - excluding residence – use back

Please note NJEDA is now requesting:
- A copy of applicants home deed (signed)
- A copy of all applicants drivers license

Sign and Return

X _____

X _____

Print name _____

Print name _____

Date _____

Date _____

By signing this you agree (1) the above information is valid and true. (2) You are giving Certified Environmental permission to input this data to complete your application for NJEDA Grant.