

# GREIFENDORFF LAW OFFICES

Have you attached the following documents?

Y = Yes

N = No

N/A = Applicable

Y	N	N/A	IDENTIFICATION AND AUTHORIZATIONS	Verified	Missing
			Copy of Social Security Card		
			Copy of Driver's License		
			Signed General Authorization and Signed Credit Report Authorization		
<b>INCOME</b>					
			Copy of every paystub you received during the past 7 months. (Request from your employer)		
			Copy of every paystub your spouse received during the past 7 months.		
			Profit and Loss statement indicating your income and/or loss for EACH of the past 7 months		
			Documents showing unemployment Income, pension, IRA withdrawals, etc. in past 7 months.		
			List of contributions received from anyone to your household expenses (Dates / amounts)		
			Gross rental income and expenses paid for each rental property in the past 7 months		
<b>TAXES: Please cross out social security numbers and minor children's names.</b>					
			2009 Federal Tax Return – Complete and signed copy		
			2009 State Tax Return – Complete and signed copy		
			2009 W-2s and all 1099 forms		
			2010 Federal Tax Return – Complete and signed copy		
			2010 State Tax Return – Complete and signed copy		
			2010 W-2s and all 1099 forms		
			<b>IN ADDITION:</b> If you owe taxes more than 2 yrs old, please order an ACCOUNT TRANSCRIPT and a RECORD OF ACCOUNT from the IRS: <a href="http://www.irs.gov/pub/irs-pdf/f4506t.pdf">http://www.irs.gov/pub/irs-pdf/f4506t.pdf</a>		
<b>REAL ESTATE – You must provide the following for EACH real estate in your name:</b>					
			Copy of the last Warranty or Quit Claim Deed to the Property		
			Current Mortgage Statement - 1st Mortgage (Circle the current amount due)		
			Current Mortgage Statement - 2nd Mortgage (Circle the current amount due)		
			Real Estate Insurance Declaration Page		
<b>If you have PURCHASED, SOLD, OBTAINED AN EQUITY LINE OR 2ND MRG, TRANSFERRED OR REFINANCED ANY REAL PROPERTY IN THE PAST FOUR (4) YEARS</b>					
			A copy of the HUD-1 or Closing statement for ALL Real Estate Transactions in the past 4 yrs.		
			An accounting of how you used the money you received from the <b>sale, equity line, second mortgage or refinance</b> . See Real Estate Closing Accounting Section.		
<b>VEHICLES - motor vehicles, boats, trailers</b>					
			Copy of Vehicle Registration and Title		
			Current loan Statement or lease statement - (Circle the current amount due)		
			Insurance Declaration Page		

Have you attached the following documents?

Y = Yes    N = No

N/A = Applicable

Y	N	N/A	LAWSUITS - if you have filed or plan to file any lawsuit against anyone for any reason:	Verified	Missing
			Attach a letter from your attorney regarding the status of the lawsuit and its value.		
			Give me the name and address of your attorney in the lawsuit.		
<b>FINANCIAL ACCOUNTS - Provide all pages!!</b>					
			Statements from ALL financial accounts for the past 7 months. HOW MANY ACCOUNTS?___		
			Custodian bank accounts for the past 7 months		
			<b>STOCKS</b> - If you own any shares of stock or any type of interest in a closely held business: Attach documents which show the value of your interest in the business.		
			<b>RETIREMENT PLANS - IRA, 401(K), KEOUGH, SEP PLANS, EDUCATIONAL IRAs:</b> Attach documents which show the type of plan and its current value.		
			<b>ANNUITY CONTRACTS:</b> documents which show the type of annuity and its current value.		
			<b>LIFE INSURANCE:</b> Statement showing current balance on any policy with cash value.		
<b>DIVORCE DOCUMENTS, if applicable</b>					
			Divorce decree, Divorce Agreement and Child Support Court Order		
			CHILD SUPPORT YOU OWE: name and address of adult receiving such payments.		
<b>IF YOU OWN A BUSINESS or are SELF-EMPLOYED</b>					
			Articles of Organization, or Certificate of Incorporation, stock ledger, Partnership Agreements		
			Profit and Loss Statements for each of the past 12 months (one report per month) Cash Method		
			Balance Sheet, Financial Statements, Inventories		
			UCC-1 & other security and financing agreements, Business Tax Returns for the past 2 years		
			If you are a real estate agent, please provide a copy of all binders & contracts you presently have.		
<b>OTHER DOCUMENTS</b>					
			CREDIT CARD STATEMENT for any purchase over \$500 or cash advances in the past 6 months. Please circle the transaction.		
			If you own jewelry worth more than \$500, please go to a reputable jewelry store and obtain a "Sale valuation".		
			COPY OF CREDIT REPORTS – must attach copies!!!! Please obtain 2 OF your FREE Credit Reports from <a href="https://www.annualcreditreport.com/">https://www.annualcreditreport.com/</a> Use these as you are completing the Debt Sheets Section of this Workbook. YOU MUST COMPLETE YOUR DEBT SHEETS. WE WILL NOT DO THIS FOR YOU!!!		
			Documents pertaining to potential inheritance or settlement- Has anyone passed away recently? Are you currently suing someone, or are you entitled to commissions for matters not yet resolved.		
			CREDIT COUNSELING CERTIFICATES: Please go to <a href="http://www.consumerbankruptcycounseling.info">www.consumerbankruptcycounseling.info</a> to do their 1st course.		
			From today until the date your case is filed, your new hobby is to collect <b>FINANCIAL STATEMENTS, MORTGAGE STATEMENTS, VEHICLE LOAN STATEMENTS AND PAYSTUBS</b> . As you receive those items, you must continue to provide them directly to the paralegal assigned to your case until the date you case is filed.		

**YOU MUST PROVIDE DOCUMENTS FOR ACCOUNTS IN YOUR NAME ALONE, OR JOINTLY OWNED WITH SOMEONE ELSE. PLEASE DO NOT BRING BACK THIS WORKBOOK UNTIL ALL OF THE DOCUMENTS LISTED ABOVE HAVE BEEN GATHERED. THANK YOU FOR YOUR COOPERATION!**

# 1. GENERAL INFORMATION

First (as it appears in your Social Security Card)	Middle	Last Name
Social Security Number	Date of Birth	Marital Status: <input type="checkbox"/> Legally Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Street Address		Driver's License #
City	State	Zip

How long have you lived in California? \_\_\_\_\_ Are you filing this bankruptcy petition with your spouse?  Yes  No

List all your prior addresses in past 3 years: (Use a separate sheet if necessary.)

1.	From: _____ thru _____
2.	From: _____ thru _____

Have you resided in AK, AZ, ID, LA, NV, NM, PR, TX, WA, or WI in the past 8 years?  Yes  No  
If YES, please list the name of your spouse or former spouse who resided with you in that state

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you a disabled Veteran?  Yes  No

Have you used any other names in the past 8 years? (Include married, maiden and trade names)  Yes  No

Name Used \_\_\_\_\_ Dates Used \_\_\_\_\_ thru \_\_\_\_\_  
Name Used \_\_\_\_\_ Dates Used \_\_\_\_\_ thru \_\_\_\_\_

# 2. SPOUSE'S INFORMATION

*If married, fill out spouse sections even if spouse is not filing.*  **NOT MARRIED**  
*Continue to Section 3.*

Spouse's First Name	Spouse's Middle Name	Spouse's Last Name
Spouse's Social Security No.	Spouse's Date of Birth	Spouse's Driver's License #
		Date of Marriage:

Have your spouse used any other names in the past 8 years? (Include married, maiden, trade names)  Yes  No

Name Used \_\_\_\_\_ Dates Used \_\_\_\_\_ thru \_\_\_\_\_  
Name Used \_\_\_\_\_ Dates Used \_\_\_\_\_ thru \_\_\_\_\_

# 3. OTHER INFORMATION

Have you ever filed bankruptcy before?  Yes  No If yes, When? \_\_\_\_\_ What Chapter? \_\_\_\_\_

Are there currently any bankruptcy cases pending against you, your spouse or your business?  Yes  No

Do you own rental real estate with 3 or fewer units, and is your only income and only business?  Yes  No

Have you or spouse been self-employed or in business by yourself or with others during the past 6 years?  Yes  No

Business Name \_\_\_\_\_ Nature \_\_\_\_\_ from \_\_\_\_\_ thru \_\_\_\_\_  
Business Name \_\_\_\_\_ Nature \_\_\_\_\_ from \_\_\_\_\_ thru \_\_\_\_\_  
Business Name \_\_\_\_\_ Nature \_\_\_\_\_ from \_\_\_\_\_ thru \_\_\_\_\_

What percentage of your debts is due to business debts?  100%  51%  Other \_\_\_\_\_ %  NONE

Please continue to Section 4. **Office Use Only:**  CH 7  CH 13

<b>URGENCY</b>	<input type="checkbox"/> Foreclosure	<b>NEED TO ORDER</b>	<input type="checkbox"/> Appraisal	<b>ALERTS</b>	<input type="checkbox"/> Recent Purchases	<b>HOUSEHOLD</b>	1 Person	\$47,234.00	\$3,936.00
	<input type="checkbox"/> Lawsuit		<input type="checkbox"/> Credit Reports		<input type="checkbox"/> Bad Faith Spending		2 Person	\$61,954.00	\$5,163.00
	<input type="checkbox"/> Garnishment		<input type="checkbox"/> Title Search		<input type="checkbox"/> Preferences / Transfers		3 Person	\$67,562.00	\$5,630.00
	<input type="checkbox"/> Eviction		<input type="checkbox"/> Tax Transcripts		<input type="checkbox"/> Asset / Equity Issues		4 Person	\$77,596.00	\$6,466.00
	<input type="checkbox"/> Other				<input type="checkbox"/> 910Cars <input type="checkbox"/> MT Issues		5 Person	\$85,096.00	\$7,091.00

**4.****REAL ESTATE: How many real estate properties do you own?***If your name is on the deed of more than one property, please fill out one Sheet for each real estate.* **NONE***Continue to Section 5.*Check the type of real estate you own:  House  Condo  Lot/Land  Timeshare  Mobile Home  Other \_\_\_\_\_

Name(s) on the Deed \_\_\_\_\_

Location \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_ Date of Purchase \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Market Value: \$ \_\_\_\_\_

1<sup>st</sup> Mortgage Co \_\_\_\_\_ Account # \_\_\_\_\_ Interest Rate \_\_\_\_ % Payoff \$ \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Is there a co-signer on this loan?  Yes  No If yes, state name and address of co-signer \_\_\_\_\_Monthly payments \$ \_\_\_\_\_ Are you behind in payments?  Yes  No If yes, how many months? \_\_\_\_ Arrears: \$ \_\_\_\_\_Are taxes or insurance included in your payment?  Yes  No Taxes \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_Do you have a second mortgage on the real estate?  Yes  No Would you like to keep this real estate?  Yes  NoHave you made any improvements to your home?  Yes  No Date \_\_\_\_\_ for \$ \_\_\_\_\_ Source of Funds \_\_\_\_\_**SECOND MORTGAGE / EQUITY LINE INFORMATION (IF APPLICABLE)**2<sup>nd</sup> Mortgage Co \_\_\_\_\_ Account # \_\_\_\_\_ Interest Rate \_\_\_\_ % Payoff \$ \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Is there a co-signer on this loan?  Yes  No If yes, state name and address of co-signer \_\_\_\_\_Monthly payments \$ \_\_\_\_\_ Are you behind in payments?  Yes  No If yes, how many months? \_\_\_\_ Arrears: \$ \_\_\_\_\_Did you use any part of this loan to fund a business?  Yes  No Explain \_\_\_\_\_Do you have a third mortgage on the real estate?  Yes  No Any other liens on the property?  Yes  No**THIRD MORTGAGE / EQUITY LINE INFORMATION (IF APPLICABLE)**3<sup>rd</sup> Mortgage Co \_\_\_\_\_ Account # \_\_\_\_\_ Interest Rate \_\_\_\_ % Payoff \$ \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Is there a co-signer on this loan?  Yes  No If yes, state name and address of co-signer \_\_\_\_\_Monthly payments \$ \_\_\_\_\_ Are you behind in payments?  Yes  No If yes, how many months? \_\_\_\_ Arrears: \$ \_\_\_\_\_Did you use any part of this loan to fund a business?  Yes  No Explain \_\_\_\_\_**HOMEOWNER'S ASSOCIATION INFORMATION (IF APPLICABLE)**

Homeowners Association: \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Monthly payments \$ \_\_\_\_\_ Are you behind in payments?  Yes  No If yes, how many months? \_\_\_\_ Arrears: \$ \_\_\_\_\_**FORECLOSURE ACTION (IF APPLICABLE)****SALE DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_Is this property in a foreclosure action?  Yes  No Have you received Notice of Trustee's Sale?  Yes  No

Trustee's/ Attorney's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**5. MOTOR VEHICLES** How many motor vehicles do you own? \_\_\_\_\_

**NONE**

*Continue to Section 6.*

Type:  Automobile  Truck  Motorcycle  Mobile Home  Boat  Trailer  Camper  ATV  RV  Other \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_  2dr  4dr—Transmission:  Standard  Automatic

Condition  Good  Fair  Poor  Not Running - Mileage \_\_\_\_\_ Value from [www.kbb.com](http://www.kbb.com) : \$ \_\_\_\_\_ Attach copy of valuation

Name(s) on vehicle title \_\_\_\_\_ Date of Purchase \_\_\_\_\_

LEASED?  Yes  No Lease Term \_\_\_\_\_ Months - Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and Ending \_\_\_\_/\_\_\_\_/\_\_\_\_

FINANCED?  Yes  No Date loan was established \_\_\_\_/\_\_\_\_/\_\_\_\_ Interest Rate \_\_\_\_\_ % Payoff \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_ Account # \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is there a co-signer on this account?  Yes  No Co-signer's Name \_\_\_\_\_

Monthly payments? \$ \_\_\_\_\_ Are you behind?  Yes  No If yes, how many months? \_\_\_\_\_ Total Arrears: \$ \_\_\_\_\_

Has this account been turned over for collection?  Yes  No Collection Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you listed this vehicle as collateral on a personal loan?  Yes  No

Would you like to keep this vehicle and continue making monthly payments?  Yes  No

Type:  Automobile  Truck  Motorcycle  Mobile Home  Boat  Trailer  Camper  ATV  RV  Other \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_  2dr  4dr—Transmission:  Standard  Automatic

Condition  Good  Fair  Poor  Not Running - Mileage \_\_\_\_\_ Value from [www.kbb.com](http://www.kbb.com) : \$ \_\_\_\_\_ Attach copy of valuation

Name(s) on vehicle title \_\_\_\_\_ Date of Purchase \_\_\_\_\_

LEASED?  Yes  No Lease Term \_\_\_\_\_ Months - Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and Ending \_\_\_\_/\_\_\_\_/\_\_\_\_

FINANCED?  Yes  No Date loan was established \_\_\_\_/\_\_\_\_/\_\_\_\_ Interest Rate \_\_\_\_\_ % Payoff \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_ Account # \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is there a co-signer on this account?  Yes  No Co-signer's Name \_\_\_\_\_

Monthly payments? \$ \_\_\_\_\_ Are you behind?  Yes  No If yes, how many months? \_\_\_\_\_ Total Arrears: \$ \_\_\_\_\_

Has this account been turned over for collection?  Yes  No Collection Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you listed this vehicle as collateral on a personal loan?  Yes  No

Would you like to keep this vehicle and continue making monthly payments?  Yes  No

Type:  Automobile  Truck  Motorcycle  Mobile Home  Boat  Trailer  Camper  ATV  RV  Other \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Style \_\_\_\_\_  2dr  4dr—Transmission:  Standard  Automatic

Condition  Good  Fair  Poor  Not Running - Mileage \_\_\_\_\_ Value from [www.kbb.com](http://www.kbb.com) : \$ \_\_\_\_\_ Attach copy of valuation

Name(s) on vehicle title \_\_\_\_\_ Date of Purchase \_\_\_\_\_

LEASED?  Yes  No Lease Term \_\_\_\_\_ Months - Beginning \_\_\_\_/\_\_\_\_/\_\_\_\_ and Ending \_\_\_\_/\_\_\_\_/\_\_\_\_

FINANCED?  Yes  No Date loan was established \_\_\_\_/\_\_\_\_/\_\_\_\_ Interest Rate \_\_\_\_\_ % Payoff \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_ Account # \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is there a co-signer on this account?  Yes  No Co-signer's Name \_\_\_\_\_

Monthly payments? \$ \_\_\_\_\_ Are you behind?  Yes  No If yes, how many months? \_\_\_\_\_ Total Arrears: \$ \_\_\_\_\_

Has this account been turned over for collection?  Yes  No Collection Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you listed this vehicle as collateral on a personal loan?  Yes  No

Would you like to keep this vehicle and continue making monthly payments?  Yes  No

# 6 CURRENT MONTHLY INCOME

To complete this form please have paystubs, proof of income from all sources and tax returns handy.

**YOUR Name:** \_\_\_\_\_

Employer's Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Payroll Office Phone \_\_\_\_\_

Occupation \_\_\_\_\_

How long employed? \_\_\_\_\_ Years \_\_\_\_\_ Months

How often do you get paid?  Weekly  Every 2 weeks  Twice a month  
 Monthly  Other \_\_\_\_\_ Hourly Wage / Salary \$ \_\_\_\_\_

Average GROSS Pay before deductions \$ \_\_\_\_\_

Average commissions/overtime \$ \_\_\_\_\_

Taxes/Social Security/Medicare \$ \_\_\_\_\_

Life Insurance deduction?  Yes  No \$ \_\_\_\_\_

Other Insurance - Health, Disability, etc. \$ \_\_\_\_\_

Union dues deductions \$ \_\_\_\_\_

401k / Pension / Retirement \$ \_\_\_\_\_

Retirement Loan deductions \$ \_\_\_\_\_

Alimony/Child Support deductions \$ \_\_\_\_\_

Other deductions \$ \_\_\_\_\_

Average Net Pay after all deductions \$ \_\_\_\_\_

Do you have a second job, temporary or side job?  Yes  No

If YES, please provide information in a separate sheet of paper.

**YOUR SPOUSE'S Name:** \_\_\_\_\_

Employer's Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Payroll Office Phone \_\_\_\_\_

Occupation \_\_\_\_\_

How long employed? \_\_\_\_\_ Years \_\_\_\_\_ Months

How often do you get paid?  Weekly  Every 2 weeks  Twice a month  
 Monthly  Other \_\_\_\_\_ Hourly Wage / Salary \$ \_\_\_\_\_

Average GROSS Pay before deductions \$ \_\_\_\_\_

Average commissions/overtime \$ \_\_\_\_\_

Taxes/Social Security/Medicare \$ \_\_\_\_\_

Life Insurance deduction?  Yes  No \$ \_\_\_\_\_

Other Insurance - Health, Disability, etc. \$ \_\_\_\_\_

Union dues deductions \$ \_\_\_\_\_

401k / Pension / Retirement \$ \_\_\_\_\_

Retirement Loan deductions \$ \_\_\_\_\_

Alimony/Child Support deductions \$ \_\_\_\_\_

Other deductions \$ \_\_\_\_\_

Average Net Pay after all deductions \$ \_\_\_\_\_

Do you have a second job, temporary or side job?  Yes  No

If YES, please provide information in a separate sheet of paper.

# 7. OTHER INCOME

		RECEIVED BY	MONTHLY (GROSS)	SO FAR THIS YEAR (GROSS)	LAST YEAR (GROSS)	YEAR BEFORE LAST (GROSS)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Business <input type="checkbox"/> Self-Employment	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Real Estate Rentals <input type="checkbox"/> Other Rental Income	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pension, <input type="checkbox"/> Retirement <input type="checkbox"/> Early retirement withdrawals <input type="checkbox"/> Retirement loans	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Regular contributions to the household expenses	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Government Benefits <input type="checkbox"/> Military Allotments	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Foster Child Care	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Social Security Income <input type="checkbox"/> Veteran's Income <input type="checkbox"/> Disability <input type="checkbox"/> Survivor's Benefits	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from ANY other source? <input type="checkbox"/> Interest/dividends <input type="checkbox"/> gambling <input type="checkbox"/> Other _____	You	\$ _____	\$ _____	\$ _____	\$ _____
		Your Spouse	\$ _____	\$ _____	\$ _____	\$ _____

Do you anticipate any increase or decrease in income of 10% or more to occur within the next year?  Yes  No

Explain: \_\_\_\_\_

## 8. CURRENT MONTHLY BUDGET

To complete this form please have all your bills and support documentation for all your expenses handy.

Do you and your spouse maintain separate households?  Yes  No If YES, please complete one budget for your household and another for your spouse's.

HOUSING EXPENSES		INSURANCE –NOT deducted from paystubs	
Rent	\$	Renters Insurance	\$
First Mortgage	\$	Term Life Ins. (NOT deducted from wages)	\$
Second Mortgage	\$	Whole Life Ins.(NOT deducted from wages)	\$
Third Mortgage	\$	Health Ins. (NOT deducted from wages)	\$
Taxes (NOI included in mortgage payments)	\$	Disability Insurance	\$
Insurance (NOI included in mortgage payments)	\$	Auto Insurance	\$
Common Charges/Homeowners Assoc. Fees	\$	Other Insurance	\$
MONTHLY UTILITIES		INSTALLMENT PAYMENTS	
Electricity and heating fuel	\$	Automobile Installments	\$
Water and Sewer	\$	Furniture Installments	\$
Garbage	\$	Appliances Installments	\$
Alarm / Security	\$	Computer/Electronics Installments	\$
Telephone (home basic service)	\$	Jewelry Installments	\$
Telephone (cell phones)	\$	IRS Repayment	\$
Internet	\$	Student Loan Repayment	\$
Cable TV / Satellite TV	\$	OTHER MONTHLY EXPENSES	
Repairs and Maintenance (if you own your home)	\$	Alimony/Maintenance you pay	\$
MONTHLY BASIC NEEDS EXPENSES		Child support you pay	\$
Food and Grocery Items	\$	Care of dependant not living with you	\$
Clothing	\$	Care for elderly/disabled (receipts needed)	\$
Laundry/Dry Cleaning	\$	Union Dues (NOI deducted from wages)	\$
Medical/ Dental Expenses (NOI paid by insurance)	\$	Child care expenses (receipts needed)	\$
MONTHLY TRANSPORTATION EXPENSES		HSA Account (NOI deducted from wages)	\$
Bus Fare	\$	Education Expenses (child must be < 18)	\$
Gasoline / Car Washes	\$	Personal care items	\$
Auto Maintenance (oil change, tires, etc.)	\$	Pet Food	\$
Annual Auto Registration Costs \$ Monthly:	\$	Pet Grooming & Care	\$
MONTHLY RECREATION EXPENSES		Other (specify)	\$
Recreation / Entertainment	\$	Other (specify)	\$
Newspapers and Magazines Subscriptions	\$	Other (specify)	\$
MONTHLY CHARITABLE DONATIONS		Other (specify)	\$
Charitable donations (receipts needed)	\$	Other (specify)	\$

Do you anticipate any increase or decrease in expenses of 10% or more to occur within the next year?  Yes  No

Explain

## 9. DEPENDANTS – HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? \_\_\_\_\_

Do you have any dependants?  Yes  No If so, how many? \_\_\_\_\_ Please list them below:

Name \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship \_\_\_\_\_ Is this person living with you?  Yes  No  
 Name \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship \_\_\_\_\_ Is this person living with you?  Yes  No  
 Name \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship \_\_\_\_\_ Is this person living with you?  Yes  No  
 Name \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship \_\_\_\_\_ Is this person living with you?  Yes  No

## 10. DO YOU HAVE...

Cash on hand?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Certificates of deposit, mutual funds, offshore accounts or investment accounts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Custodian accounts, education savings accounts or other accounts for minors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Checking, savings or other financial accounts? How many?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Bank Account # <input type="checkbox"/> Checking <input type="checkbox"/> Savings			\$
Bank Account # <input type="checkbox"/> Checking <input type="checkbox"/> Savings			\$
Bank Account # <input type="checkbox"/> Checking <input type="checkbox"/> Savings			\$
Do you have any loan or credit cards at these banks?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Security Deposits with utility companies or others? Who?:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Security Deposits with Landlords? Name:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Household goods and furnishings - List the approximate total USED value.	YES <input type="checkbox"/>		\$
Is any one single item included in your household goods above worth more than \$525.00? If your answer is yes, please give me an itemized list of those items.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<input type="checkbox"/> Books: \$ <input type="checkbox"/> Pictures: \$	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
<input type="checkbox"/> Antiques: \$ <input type="checkbox"/> Collectibles \$ Describe:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Wearing apparel (clothing, shoes, hats)	YES <input type="checkbox"/>		\$
<input type="checkbox"/> Wedding rings? <input type="checkbox"/> Engagement rings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
<input type="checkbox"/> Jewelry? (Please describe the jewelry in a separate piece of paper. If the value is more than \$1,400, please go to a local jewelry store and obtain a "sale valuation".)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
<input type="checkbox"/> Furs? <input type="checkbox"/> Firearms? (List all)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
<input type="checkbox"/> Sports, <input type="checkbox"/> photographic and <input type="checkbox"/> hobby equipment? Describe	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
<input type="checkbox"/> Musical Instruments - Describe	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Do you have life insurance policies? How many?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company Name: Type: <input type="checkbox"/> Term <input type="checkbox"/> Whole Life (Cash value)			\$
Company Name: Type: <input type="checkbox"/> Term <input type="checkbox"/> Whole Life (Cash value)			\$
<input type="checkbox"/> Annuities? <input type="checkbox"/> Educational IRA? <input type="checkbox"/> Qualified state tuition plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
<input type="checkbox"/> IRA, <input type="checkbox"/> 401(k), <input type="checkbox"/> ERISA, <input type="checkbox"/> Keogh, <input type="checkbox"/> Pension or retirement? How many?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company Name: Acct. # Type:			\$
Company Name: Acct. # Type:			\$
Stocks and interest in incorporated and unincorporated businesses?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Part ownership in partnership or joint ventures, government or corporate bonds?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
<input type="checkbox"/> Alimony, <input type="checkbox"/> child support, <input type="checkbox"/> divorce or property settlements due you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Tax refunds owed you by the <input type="checkbox"/> IRS <input type="checkbox"/> STATE Year of Return:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Moneys owed you by anyone - by whom?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
<input type="checkbox"/> Accounts receivables? <input type="checkbox"/> Equitable or future interests, <input type="checkbox"/> Life estates, etc?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
<input type="checkbox"/> Expect an inheritance? <input type="checkbox"/> Expect proceeds from life insurance policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Expect to receive funds from a trust or trust account?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Lawsuits, claims for money or compensation pending?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Do you have a reason to bring a lawsuit against someone?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Do you have an injury or other claim or right to recover money or property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
<input type="checkbox"/> Patents, <input type="checkbox"/> copyrights, <input type="checkbox"/> intellectual property, <input type="checkbox"/> license or <input type="checkbox"/> franchises?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Business office equipment, furnishings, supplies, machinery, fixtures, inventory?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Do you own any crops -growing & harvested -farm supplies, chemicals, equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
<input type="checkbox"/> Pets and Animals you could sell? <input type="checkbox"/> Burial Plots? <input type="checkbox"/> Timeshares?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$
Do you have any property that poses a threat to public safety?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other personal property of ANY kind not already listed? (list in a separate page)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$



# 11. FINANCIAL AFFAIRS Please attach a separate sheet with explanations if you need more space.

Have you placed funds in an **educational IRA** or purchased a state tuition credit plan within the *past 3 years*? YES  NO   
 Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Beneficiary: \_\_\_\_\_ Relationship? \_\_\_\_\_

Have you co-signed for anyone or anyone cosigned for you? (List debt on DEBT SHEET!!!) YES  NO

Do you have any executory **contracts** or unexpired leases? (Attach copies) YES  NO

Do you rent your home? Landlord's Name & Address \_\_\_\_\_ YES  NO

Contract:  1Yr  2 Yrs  Month-to-Month -End Date \_\_\_\_\_ Does a landlord hold a judgment against you? YES  NO

Cell Phone Provider \_\_\_\_\_  1 YR  2 YRS - Would you like to keep this contract? YES  NO

Other Contract \_\_\_\_\_  1 YR  2 YRS - Would you like to keep this contract? YES  NO

Have you **repaid** a creditor over \$600 in the last **90 days**? YES  NO

Have you repaid a relative or friend in the last **12 months**? YES  NO

Have you been involved in any **lawsuits or administrative proceedings** in the past **12 months**? YES  NO   
 Explain \_\_\_\_\_

Have any creditors **attached, garnished or seized** any property in the past **12 months**? YES  NO

Creditor \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_ Date \_\_\_\_\_  
 Creditor \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_ Date \_\_\_\_\_

Have you had a **repossession, foreclosure or property returned** to creditors in the past **12 months**? YES  NO

Creditor \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_ Date \_\_\_\_\_  
 Creditor \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_ Date \_\_\_\_\_

Have you had any property been **assigned** for the benefit of creditors in the past **2 years**? YES  NO

Creditor \_\_\_\_\_ Property \_\_\_\_\_ Value \$ \_\_\_\_\_ Date \_\_\_\_\_

Have you made any **gifts** totaling more than \$200 to a family member within the past **12 months**? YES  NO

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_ Gift Amount \$ \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_ Gift Amount \$ \_\_\_\_\_

Have you made a **donation** of \$100 or more to a charitable organization in the past **12 months**? YES  NO

Name \_\_\_\_\_ City & State \_\_\_\_\_ Date \_\_\_\_\_ Gift Amount \$ \_\_\_\_\_

Have you had any **losses** from fire, theft, gambling, or other casualty in the past **12 months**? YES  NO

Property Lost \_\_\_\_\_ Reason \_\_\_\_\_ Value \$ \_\_\_\_\_ Date Lost \_\_\_\_\_

Did the insurance company pay for any part of the loss? How much? \$ \_\_\_\_\_ When? \_\_\_\_\_ YES  NO

Have you paid anyone for **consultation concerning your debts** within the past **12 months**? YES  NO

Name \_\_\_\_\_ City/State \_\_\_\_\_ Date \_\_\_\_\_ Payment \$ \_\_\_\_\_

Have you **transferred, sold or given away** any property to anyone within the past **4 years**? YES  NO

Have you transferred any property to a trust, or a similar device within the past **10 years**? YES  NO

Have you  owned,  sold,  transferred or  refinanced a real estate during the last **4 years**? YES  NO

Have you transferred property or paid creditors for the benefit of relatives or friends or co-signers? YES  NO

Transferee Name \_\_\_\_\_ Address \_\_\_\_\_  
 Property transferred \_\_\_\_\_ Date \_\_\_\_\_

Have you **closed or transferred any financial accounts** held in your name in past **12 months**? YES  NO

Bank \_\_\_\_\_ Acct. Type \_\_\_\_\_ Final Balance \$ \_\_\_\_\_ Date closed. \_\_\_/\_\_\_/\_\_\_  
 Bank \_\_\_\_\_ Acct. Type \_\_\_\_\_ Final Balance \$ \_\_\_\_\_ Date closed. \_\_\_/\_\_\_/\_\_\_  
 Bank \_\_\_\_\_ Acct. Type \_\_\_\_\_ Final Balance \$ \_\_\_\_\_ Date closed. \_\_\_/\_\_\_/\_\_\_

Have you had a **safe deposit box or self-storage unit** or other depository in the past **12 months**? YES  NO

Location: \_\_\_\_\_ City/State \_\_\_\_\_ Contents \_\_\_\_\_

**Setoffs**-Has any money / property been taken by a creditor against any debt in the past **90 days**? YES  NO

Creditor \_\_\_\_\_ Property Taken \_\_\_\_\_ Date \_\_\_\_\_

Do you have any money, furniture, automobile, or **property that belongs to another person**? YES  NO

Is your name on the title of anyone's home, automobile, bank account, or any other property? YES  NO

Who's property? \_\_\_\_\_ Property \_\_\_\_\_

## 12. SUMMARY OF GENERAL DEBTS

List them on the DEBT SECTION!!!!

PLEASE STATE THE COMBINED BALANCE DUE ON THE FOLLOWING TYPE DEBTS:

Credit / Charge Cards?  Yes  No Balance owed: \$ \_\_\_\_\_ Furniture, Appliances?  Yes  No Balance owed: \$ \_\_\_\_\_  
Personal Loans?  Yes  No Balance owed: \$ \_\_\_\_\_ Medical / Dental Bills?  Yes  No Balance owed: \$ \_\_\_\_\_  
Delinquent Utility Bills?  Yes  No Balance owed: \$ \_\_\_\_\_ Business Debts?  Yes  No Balance owed: \$ \_\_\_\_\_  
Delinquent Rent?  Yes  No Balance owed: \$ \_\_\_\_\_ Gambling Debts?  Yes  No Balance owed: \$ \_\_\_\_\_  
Welfare overpayment?  Yes  No Balance owed: \$ \_\_\_\_\_ Loans from IRAs/401k?  Yes  No Balance owed: \$ \_\_\_\_\_  
Loans from Family?  Yes  No Balance owed: \$ \_\_\_\_\_ Attys. Fees/Others?  Yes  No Balance owed: \$ \_\_\_\_\_

## 13. TAXES OWED

List Income taxes, sales/use taxes, business taxes, payroll taxes, sewer taxes, real estate taxes, personal property taxes, etc.

NONE

\*\*PLEASE ATTACH Tax Authority correspondence.\*\*

#1 Creditor \_\_\_\_\_ Type of Tax \_\_\_\_\_ Tax Year \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Date Return Filed \_\_\_\_\_ Disputed?  Yes  No Offer in Compromise?  Yes  No Tax Lien?  Yes  No  
#2 Creditor \_\_\_\_\_ Type of Tax \_\_\_\_\_ Tax Year \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Date Return Filed \_\_\_\_\_ Disputed?  Yes  No Offer in Compromise?  Yes  No Tax Lien?  Yes  No  
#3 Creditor \_\_\_\_\_ Type of Tax \_\_\_\_\_ Tax Year \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Date Return Filed \_\_\_\_\_ Disputed?  Yes  No Offer in Compromise?  Yes  No Tax Lien?  Yes  No

## 14. STUDENT LOANS

How Many? \_\_\_\_\_

NONE

#1 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Date incurred? \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Co-signer?  Yes  No Co-signer's Name and Address: \_\_\_\_\_  
#2 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Date incurred? \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Co-signer?  Yes  No Co-signer's Name and Address: \_\_\_\_\_  
#3 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Date incurred? \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Co-signer?  Yes  No Co-signer's Name and Address: \_\_\_\_\_

## 15. OTHER NON-DISCHARGEABLE DEBTS

NONE

Alimony/Child Support?  Yes  No To Whom? \_\_\_\_\_ Current?  Yes  No Balance \$ \_\_\_\_\_  
Government Fines?  Yes  No Reason \_\_\_\_\_ Current?  Yes  No Balance \$ \_\_\_\_\_  
Divorce Decree Debts?  Yes  No To Whom? \_\_\_\_\_ Current?  Yes  No Balance \$ \_\_\_\_\_  
Criminal Fines / orders  Yes  No To Whom? \_\_\_\_\_ Current?  Yes  No Balance \$ \_\_\_\_\_  
Have you been involved in a criminal act, intentional tort, wilful or reckless misconduct that caused serious physical injury or death within the past 5 years?  Yes  No Explain: \_\_\_\_\_  
Have you lied in a loan application to obtain funds?  Yes  No  
Have you taken any cash advances or payday loans of \$750.00 or more in the past 70 days?  Yes  No  
Have you ever charged back taxes on credit card?  Yes  No Amount \$ \_\_\_\_\_ Dates \_\_\_\_\_ For what year? \_\_\_\_\_  
Have you made any large purchases or used credit to purchase any luxury goods (non-necessity items such as jewelry, televisions and other electronics, furniture, vacations, etc., totaling more than \$500.00 in the past 90 days?  Yes  No Explain: \_\_\_\_\_

## 16. LAWSUITS [Attach copies of documents you received.]

NONE

## DEBT SHEET 1 of 5

◆ It is **VERY IMPORTANT** that you provide an accurate address for every creditor. You must physically write out the information required on this page. We will not do it for you. Use only black ink. Please print legibly. ◆

**INSTRUCTIONS:**

1. You must write down the CORRESPONDENCE address found in the last bill you received from each creditor.
2. Complete EVERY section of the Debt Sheet.
3. Include even the debts that you want to keep. Include even the debts you co-signed for someone else and don't forget to include loans from relatives and friends!!! **ALERT!!!** If your debt sheets are incomplete your Workbook will be returned to you for completion and this will delay your bankruptcy filing. **NOTE that not all creditors report to the credit bureaus.** Any medical bills and other loans that don't get reported to the credit bureaus will not make it into your petition unless you complete these sheets. **All debts that you don't list on your bankruptcy petition will not be discharged!!!**

#1 Creditor \_\_\_\_\_ Account No \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_  
 VERY IMPORTANT: If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_  
 Who is financially responsible?  Man  Woman  Joint-Do you dispute this debt?  Yes  No Secured?  Yes  No  
 Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_  
 Collection Agency or Law Firm \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#2 Creditor \_\_\_\_\_ Account No \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_  
 VERY IMPORTANT: If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_  
 Who is financially responsible?  Man  Woman  Joint-Do you dispute this debt?  Yes  No Secured?  Yes  No  
 Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_  
 Collection Agency or Law Firm \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#3 Creditor \_\_\_\_\_ Account No \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_  
 VERY IMPORTANT: If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_  
 Who is financially responsible?  Man  Woman  Joint-Do you dispute this debt?  Yes  No Secured?  Yes  No  
 Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_  
 Collection Agency or Law Firm \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## DEBT SHEET 2 of 5

◆ It is **VERY IMPORTANT** that you provide an accurate address for every creditor. You must physically write out the information required on this page. We will not do it for you. Use only black ink. Please print legibly. ◆

#4 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_

**VERY IMPORTANT:** If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_

Who is financially responsible?  Man  Woman  Joint—Do you dispute this debt?  Yes  No Secured?  Yes  No

Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_

Collection Agency or Law Firm \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#5 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_

**VERY IMPORTANT:** If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_

Who is financially responsible?  Man  Woman  Joint—Do you dispute this debt?  Yes  No Secured?  Yes  No

Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_

Collection Agency or Law Firm \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#6 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_

**VERY IMPORTANT:** If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_

Who is financially responsible?  Man  Woman  Joint—Do you dispute this debt?  Yes  No Secured?  Yes  No

Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_

Collection Agency or Law Firm \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#7 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_

**VERY IMPORTANT:** If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_

Who is financially responsible?  Man  Woman  Joint—Do you dispute this debt?  Yes  No Secured?  Yes  No

Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_

Collection Agency or Law Firm \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## DEBT SHEET 3 of 5

◆ It is **VERY IMPORTANT** that you provide an accurate address for every creditor. You must physically write out the information required on this page. We will not do it for you. Use only black ink. Please print legibly. ◆

#8 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_

VERY IMPORTANT: If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_

Who is financially responsible?  Man  Woman  Joint-Do you dispute this debt? Yes  No Secured?  Yes  No

Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_

Collection Agency or Law Firm \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#9 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_

VERY IMPORTANT: If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_

Who is financially responsible?  Man  Woman  Joint-Do you dispute this debt? Yes  No Secured?  Yes  No

Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_

Collection Agency or Law Firm \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#10 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_

VERY IMPORTANT: If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_

Who is financially responsible?  Man  Woman  Joint-Do you dispute this debt? Yes  No Secured?  Yes  No

Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_

Collection Agency or Law Firm \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#11 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_

VERY IMPORTANT: If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_

Who is financially responsible?  Man  Woman  Joint-Do you dispute this debt? Yes  No Secured?  Yes  No

Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_

Collection Agency or Law Firm \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## DEBT SHEET 4 of 5

◆ It is **VERY IMPORTANT** that you provide an accurate address for every creditor. You must physically write out the information required on this page. We will not do it for you. Use only black ink. Please print legibly. ◆

#12 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_

VERY IMPORTANT: If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_

Who is financially responsible?  Man  Woman  Joint—Do you dispute this debt?  Yes  No Secured?  Yes  No

Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_

Collection Agency or Law Firm \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#13 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_

VERY IMPORTANT: If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_

Who is financially responsible?  Man  Woman  Joint—Do you dispute this debt?  Yes  No Secured?  Yes  No

Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_

Collection Agency or Law Firm \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#14 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_

VERY IMPORTANT: If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_

Who is financially responsible?  Man  Woman  Joint—Do you dispute this debt?  Yes  No Secured?  Yes  No

Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_

Collection Agency or Law Firm \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#15 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_

VERY IMPORTANT: If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_

Who is financially responsible?  Man  Woman  Joint—Do you dispute this debt?  Yes  No Secured?  Yes  No

Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_

Collection Agency or Law Firm \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## DEBT SHEET 5 of 5

◆ It is **VERY IMPORTANT** that you provide an accurate address for every creditor. You must physically write out the information required on this page. We will not do it for you. Use only black ink. Please print legibly. ◆

#16 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_  
**VERY IMPORTANT:** If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_  
 Who is financially responsible?  Man  Woman  Joint-Do you dispute this debt? Yes  No Secured?  Yes  No  
 Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_  
 Collection Agency or Law Firm \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#17 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_  
**VERY IMPORTANT:** If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_  
 Who is financially responsible?  Man  Woman  Joint-Do you dispute this debt? Yes  No Secured?  Yes  No  
 Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_  
 Collection Agency or Law Firm \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#18 Creditor \_\_\_\_\_ Account No. \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 When incurred? \_\_\_/\_\_\_/\_\_\_ Type:  Medical  Credit Card  Personal Loan  Business  Other \_\_\_\_\_  
**VERY IMPORTANT:** If this debt is for a credit card, what month and year did you last make a purchase? \_\_\_/\_\_\_/\_\_\_  
 Who is financially responsible?  Man  Woman  Joint-Do you dispute this debt? Yes  No Secured?  Yes  No  
 Is there a co-signer on this debt?  No  Yes Co-signer: \_\_\_\_\_  
 Collection Agency or Law Firm \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**IF YOU HAVE MORE DEBTS, PLEASE PRINT OUT ADDITIONAL SHEETS.**

**Now, review all the debts you have listed on this questionnaire. Have you forgotten any:**

- |                                    |                            |                                     |  |
|------------------------------------|----------------------------|-------------------------------------|--|
| <i>medical bills?</i>              | <i>mail order bills?</i>   | <i>schools?</i>                     | <i>condominium assessments?</i>                          |
| <i>credit card bills?</i>          | <i>judgments?</i>          | <i>student loans?</i>               | <i>traffic tickets?</i>                                  |
| <i>store charges?</i>              | <i>loan companies?</i>     | <i>welfare debts?</i>               | <i>parking violations?</i>                               |
| <i>cable T.V. bills?</i>           | <i>debts you cosigned?</i> | <i>back rent?</i>                   | <i>criminal restitution debts?</i>                       |
| <i>utility or telephone bills?</i> | <i>payday loans?</i>       | <i>bills owed to old landlords?</i> | <i>bill for goods or services?</i>                       |
| <i>pension or 401k loans?</i>      | <i>jewelry loans?</i>      | <i>loans from relatives?</i>        | <i>provided to your dependents?</i>                      |
| <i>furniture loans?</i>            | <i>tax liens?</i>          | <i>debts that were written off?</i> | <i>health club / spa memberships?</i>                    |
| <i>electronics loans?</i>          | <i>income taxes?</i>       | <i>club memberships?</i>            | <i>unpaid debts from prior marriages?</i>                |
| <i>home improvement loans?</i>     |                            | <i>bank overdrafts?</i>             | <i>money owed to creditors who repossessed property?</i> |

Have you charged your credit cards more than \$500 in the past 90 days?  Yes  No

Please attach a separate sheet of paper with other financial dealings/issues in the past 12 months that you think may be important for us to know.

# United States Bankruptcy Court

In re \_\_\_\_\_  
(Debtor(s))

Case No. \_\_\_\_\_  
 \_\_\_\_\_

## HOUSEHOLD GOODS SHEET

### Household Goods List

Living Room  
 Description of  
 Property

	<u>USED Value of each item</u>					Total Value
	1	2	3	4	5	
Couch(es)						
Bookcase(s)						
Desk(s)						
Chair(s)						
Table(s)						
Lamp(s)						
Radio(s)						
Television(s)						
Stereo(s)						
VCR/DVD Player(s)						
Other						
<b>Total:</b>						

Dining Room  
 Description of  
 Property

	<u>USED Value of each item</u>					Total Value
	1	2	3	4	5	
Table(s)						
Chair(s)						
Lamp(s)						
China Closet(s)						
China						
Silverware						
Other						
<b>Total:</b>						

Bedrooms  
 Description of  
 Property

	<u>USED Value of each item</u>					Total Value
	1	2	3	4	5	
Bed(s)						
Chair(s)						
Dresser(s)						
Desk(s)						
Mirror(s)						
Lamp(s)						
Radio(s)						
Television(s)						
Other						
<b>Total:</b>						



Kitchen

Description of Property

Description of Property	<u>USED Value of each item</u>					Total Value
	1	2	3	4	5	
Table(s)						
Chair(s)						
Microwave(s)						
Refrigerator(s)						
Deep Freezer(s)						
Dishwasher(s)						
Washing Machine(s)						
Dryer(s)						
Stove(s)						
Dishes						
Cookware						
Other:						
Total:						

Other Rooms (Hallways, Bathrooms, Garage, Attic, Basement, Shed, etc.)

Description of Property

Description of Property	<u>USED Value of each item</u>					Total Value
	1	2	3	4	5	
Computer(s)						
Radio(s)						
Stereo(s)						
Desk(s)						
Chair(s)						
Vacuum Cleaner(s)						
Iron(s)						
Tool(s)						
Power Tool(s)						
Lawn Mower(s)						
Other:						
Total:						

Total Value of all Household Goods

Date \_\_\_\_\_

Signature \_\_\_\_\_

Debtor

Date \_\_\_\_\_

Signature \_\_\_\_\_

Joint Debtor

# INCOME FROM REAL ESTATE RENTAL

NONE

**INSTRUCTIONS:** Please list the income RECEIVED and ACTUAL EXPENSES PAID for each of your rental properties. Please write the month starting with the current month and going backwards. Provide a sheet for EACH real property owned by you.

Your Name \_\_\_\_\_ How many real properties do you own? \_\_\_\_\_

RENTAL PROPERTY # \_\_\_\_\_ Address \_\_\_\_\_

<u>INCOME RECEIVED</u>	Month	Month	Month	Month	Month	Month	Month
Tenant 1							
Tenant 2							
Tenant 3							

<u>EXPENSES PAID</u>	Month	Month	Month	Month	Month	Month	Month
1 <sup>st</sup> Mortgage							
2 <sup>nd</sup> Mortgage							
Other (Specify)							
Other (Specify)							

<u>NET INCOME</u>	Month	Month	Month	Month	Month	Month	Month

List of Security Deposits you are holding for each Tenant:

- I have no security deposits
- I have the following security deposits:
  - \$ \_\_\_\_\_ Tenant's Name: \_\_\_\_\_
  - \$ \_\_\_\_\_ Tenant's Name: \_\_\_\_\_
  - \$ \_\_\_\_\_ Tenant's Name: \_\_\_\_\_
  - \$ \_\_\_\_\_ Tenant's Name: \_\_\_\_\_

I declare that the foregoing is true and accurate

Signature \_\_\_\_\_

Date: \_\_\_\_\_