

**Complete All Questions.** If you and your spouse are not living together, and there is no possibility that your spouse will file bankruptcy along with you, you don't have to answer the questions about your spouse unless the question specifically asks you to do so.

**1. Name and Residence Information:**

**A.** Your full name: \_\_\_\_\_

Your spouse's full name: \_\_\_\_\_

**B.** Your Social Security Number: \_\_\_\_\_

Your spouse's Social Security Number: \_\_\_\_\_

**C.** Your date of birth and age: \_\_\_\_\_

Your spouse's date of birth and age: \_\_\_\_\_

**D.** List any other names used by you or your spouse (including maiden name), or other ways you have signed your names to papers and checks during the last eight years:

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**E.** List any business names and Employer Identification Numbers used by you or your spouse, including any trade names or "doing business as" names, during the last eight years:

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**F.** Are you currently married? Yes \_\_\_\_ No \_\_\_\_

**G.** Current Address: \_\_\_\_\_

(Street)

(City)

(County)

(Zip Code)

**H.** Telephone Number(s): \_\_\_\_\_

**I.** Email address: \_\_\_\_\_

**J.** List all addresses you have had in the last three years, the dates when you lived there, and the name you used while living there. If you and your spouse are filing bankruptcy together, list addresses for each for the last three years (include street, town, and zip code).

*Addresses*

*Date Moved In*

*Date Moved Out*

*Name Used*

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2. **Prior Bankruptcy:** Have you or your spouse ever been involved before in a bankruptcy (chapter 7, 11, 12, or 13)? YES \_\_\_\_ NO \_\_\_\_\_. If YES, bring *all* papers from the case(s) to our office.

<i>What Chapter? Date Case Filed</i>	<i>Did You Get a Discharge?</i>	<i>If Yes, List Date of Discharge</i>	<i>If Dismissed, List and Reason Why Dismissed</i>

3. **Other Bankruptcies:** Have there been any other bankruptcies filed by someone other than you or your spouse to stop a foreclosure on your home or other action? YES \_\_\_\_ NO \_\_\_\_\_. If YES, give details:

\_\_\_\_\_

\_\_\_\_\_

4. **Occupation and Income:** (*If you and your spouse are not separated, provide this information even if you are not filing bankruptcy together. If you or your spouse have more than one job, list information for each job separately.*)

A. Usual type of work: \_\_\_\_\_

B. Name and address of current employer: \_\_\_\_\_

\_\_\_\_\_

C. Spouse's usual type of work: \_\_\_\_\_

D. Name and address of spouse's current employer: \_\_\_\_\_

\_\_\_\_\_

E. How long have you been at your current job? \_\_\_\_\_ Your spouse? \_\_\_\_\_

F. List all income received in the last six months by you and your spouse (do not list your spouse's income if you are not filing bankruptcy together and you are legally separated):

*(Bring a copy with you to our office of all pay stubs or other records from your employer of all pay received within the past sixty days. If you are self-employed or have income from the operation of a business, bring any statements that show your gross receipts and business expenses.)*

<i>Income Received</i> (Give gross income)	<i>Source</i> (Names and addresses of employers or specify social security, welfare, unemployment, child support, self-employment, investments, etc.)	<i>By Whom</i> (Self or Spouse)
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1 month ago: \_\_\_\_\_

\_\_\_\_\_

2 months ago: \_\_\_\_\_

\_\_\_\_\_

3 months ago: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4 months ago: \_\_\_\_\_

\_\_\_\_\_

5 months ago: \_\_\_\_\_

\_\_\_\_\_

6 months ago: \_\_\_\_\_

\_\_\_\_\_

List all income received so far this year and in the last two years by you or your spouse:

*Income Received*  
(Give gross income as  
reported on tax returns)

*Source* (Names and addresses of  
employers or specify social security,  
welfare, unemployment, child support,  
self-employment, investments, etc.)

*By Whom*  
(Self or spouse)

So far this year: \_\_\_\_\_

\_\_\_\_\_

Last year: \_\_\_\_\_

\_\_\_\_\_

Year before last: \_\_\_\_\_

\_\_\_\_\_

**G.** Have you or your spouse been in business by yourself or with others during the last four years?

YES \_\_\_\_ NO \_\_\_\_ . If yes, give the dates, nature of the business, name of the business, its address, name of the accountant or bookkeeper, and the names of others in business with you or your spouse.

\_\_\_\_\_

\_\_\_\_\_

**H.** Are there any debts from your former business? YES \_\_\_\_ NO \_\_\_\_ . If YES, list them in questions 32 and 33 and give details here: \_\_\_\_\_

\_\_\_\_\_

**I.** (1) If you employed anyone (such as regular employees, cleaning people, gardeners, babysitters), do you still owe them wages? YES \_\_\_\_ NO \_\_\_\_ . If YES, give name and address of employee, dates worked, amount owed, and work done.

\_\_\_\_\_

\_\_\_\_\_

(2) Has anyone given you money to purchase property or services that you were unable to provide?

YES \_\_\_\_ NO \_\_\_\_ . If YES, give details:

\_\_\_\_\_

\_\_\_\_\_

**J.** Have you gotten any public assistance, such as TANF benefits, within the past two years? YES \_\_\_ NO \_\_\_\_\_. Has anyone in your immediate family? YES \_\_\_ NO \_\_\_\_\_. If YES to either question, specify the persons, dates, amounts received, and places (if from state welfare department, name the state and agency; if from local welfare department, name the city or county and agency).

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**K.** Have you ever received or been told you have received more money from a government program than you were supposed to, which may be referred to as an “overpayment” (such as social security, welfare, unemployment compensation, food stamps, etc.)?

YES \_\_\_ NO \_\_\_\_\_. If YES, give details:

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**L.** Do you have any vacation time that is due you from your employer? YES \_\_\_ NO \_\_\_\_\_. If YES, how much is due?

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**M.** Do you have an IRA (including Roth or education IRA), 401(k) plan, or any other pension plan? YES \_\_\_ NO \_\_\_\_.

If YES, give details:

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**N.** Have you paid or contributed any funds to a tax-exempt tuition program, or purchased any tuition credits or certificates? YES \_\_\_ NO \_\_\_\_\_. If YES, give details:

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**O.** Have you paid or contributed any funds to a tax-exempt ABLE account to help care for a disabled child or dependent? YES \_\_\_ NO \_\_\_\_\_. If YES, give details:

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**P.** Are you the beneficiary of a trust or future interest? YES \_\_\_ NO \_\_\_\_\_. If YES, give details:

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**Q.** Do you expect to receive more than a small amount of money or property at any time in the near future by way of gift or life insurance proceeds? YES \_\_\_ NO \_\_\_\_\_. If YES, give details:

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**R.** (1) Do you expect to inherit any money or property in the near future? YES \_\_\_ NO \_\_\_\_.

If YES, give details: \_\_\_\_\_

(2) Has anyone died and left you anything (including insurance benefits)? YES \_\_\_ NO \_\_\_\_.

If YES, give details: \_\_\_\_\_

**5. Tax Refunds and Credits: (Bring a copy of your W-2 forms and any tax returns you have filed within the past year with you to our office.)**

**A.** Have you received any tax refunds this year? YES \_\_\_ NO \_\_\_\_\_. State \$\_\_\_\_\_ Federal \$\_\_\_\_\_

**B.** What income tax refunds do you expect to receive this year? State \$\_\_\_\_\_ Federal \$\_\_\_\_\_

**C.** Does this amount include an Earned Income Tax Credit or Child Tax Credit? YES \_\_\_ NO \_\_\_\_.

- D.** Have you already filed for the refund or credit? YES \_\_\_ NO \_\_\_.
- E.** When do you expect to receive the tax refund or credit? \_\_\_\_\_
- F.** Do you know if anyone intends to take or intercept your tax refund or credit? YES \_\_\_ NO \_\_\_. If YES, give details. \_\_\_\_\_
- G.** Did you sign an agreement or refund anticipation loan with a tax preparer to get your refund or credit early? YES \_\_\_ NO \_\_\_.
- H.** Is any other person (such as your spouse) entitled to part of your refund or credit? YES \_\_\_ NO \_\_\_.

**6. Taxes Owed: (Bring a copy of any tax returns you have filed within the past four years with you to our office.)**

- A.** Have you filed income tax returns every year for the last seven years? YES \_\_\_ NO \_\_\_.
- B.** Do you have copies of your income tax returns filed in the last four years? YES \_\_\_ NO \_\_\_. If NO, state the years for which you do not have copies:

\_\_\_\_\_  
**C.** Do you owe any taxes to the United States? YES \_\_\_ NO \_\_\_. If YES, give the name and address of the department or agency to which the tax is owing, the kind of tax that is owing, and the years for which the tax is owing:

\_\_\_\_\_  
**D.** Do you owe any taxes to any states? YES \_\_\_ NO \_\_\_. If YES, give the name of the state and the department or agency therein, the address of the department or agency, the kind of tax that is owing, and the years for which the tax is owing:

\_\_\_\_\_  
**E.** Do you owe any taxes to a county, district, or city? YES \_\_\_ NO \_\_\_. If YES, give the name of the county, district, or city, the kind of tax that is owing, and the years for which the tax is owing:

\_\_\_\_\_  
**F.** Besides taxes, do you owe any other money to any branch of the United States Government (e.g., FHA, VA, repossessions or loans, withholding taxes [if you were in business], or money owed Small Business Administration)? YES \_\_\_ NO \_\_\_. If YES, give the name of the branch, its address, the amount owing, and why it is owed:

**7. Debts Repaid:**

- A.** If you have made any payments totaling more than \$600 to a creditor within the last ninety days, give the name of the creditor and the dates and amount of the payments:

<i>Creditor's Name &amp; Address</i>	<i>Is the Creditor a Relative?</i>	<i>Payment Dates</i>	<i>Amount of Payment</i>
------------------------------------------	----------------------------------------	--------------------------	------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Please make sure to bring any payment books you have with you.***

**B.** Have you made any payments within the last year to creditors who are or were insiders (relatives or business partners)? YES \_\_\_\_ NO \_\_\_\_ . If YES, give details:

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**C.** (1) Have you ever had student loans or cosigned for someone else's student loans? YES \_\_\_\_ NO \_\_\_\_ .

If YES to either question, please state for each loan:

(2) Who lent you the money? \_\_\_\_\_

(3) What school was the loan for? \_\_\_\_\_

(4) Did you or the student finish the course of study at the school? YES \_\_\_\_ NO \_\_\_\_ . If NO, why not?

\_\_\_\_\_  
(5) Who is trying to collect the debt? \_\_\_\_\_

(6) How much have you paid on the debt (include any tax refund intercepts or amounts garnished from your pay)? \_\_\_\_\_

(7) Has anyone else made payments on the debt? YES \_\_\_\_ NO \_\_\_\_ . How much? \$ \_\_\_\_\_

(8) Are you currently making payments on the loan or are you on a repayment plan that is based on your income? YES \_\_\_\_ NO \_\_\_\_ . If YES, give details:

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(9) Is some amount being automatically taken out of your paycheck or Social Security benefits in order to pay the student loan (including an administrative wage garnishment)? YES \_\_\_\_ NO \_\_\_\_ . If YES, give details:

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**8. Lawsuits and Cases: (Bring in all papers relating to any lawsuits, court actions, or criminal cases.)**

**A.** Have you ever been sued by any person, company, or organization? YES \_\_\_\_ NO \_\_\_\_ . If YES, state:

<i>Case Name</i>	<i>Case No.</i>	<i>Court's Name and Address</i>	<i>Type of Case</i>	<i>Result of Case</i>
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**B.** Have any lawsuits or court actions resulted in a lien being placed on your property? YES \_\_\_\_ NO \_\_\_\_ .

**C.** Have you ever sued any person, company, or organization? YES \_\_\_\_ NO \_\_\_\_ . If YES, state:

<i>Case Name</i>	<i>Case No.</i>	<i>Court's Name and Address</i>	<i>Type of Case</i>	<i>Result of Case</i>
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**D.** Do you have any criminal charges or convictions? YES \_\_\_\_ NO \_\_\_\_ . If yes, state:

*Do You Owe Fines, Restitution,  
or Any Other Money?*

<i>Case No.</i>	<i>Court's Name</i>	<i>Charges</i>	<i>Result of Case</i>
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- E.** Have you been involved in any administrative agency cases (unemployment compensation, employment discrimination, worker's compensation, etc.) in the past 12 months? YES \_\_\_ NO \_\_\_. If YES, state:

<i>Case Name</i>	<i>Case No.</i>	<i>Agency's Name and Address</i>	<i>Type of Case</i>	<i>Result of Case</i>
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- F.** Do you have any possible reason for suing someone for damage to your property or for injuries to yourself or other members of your family? YES \_\_\_ NO \_\_\_. If YES, who could you sue, how much money is involved, and why could you sue?

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**9. Garnishment, Attachment, and Sheriff's Sale:**

- A.** Have you ever had any property listed for or sold at a foreclosure, tax sale, or sheriff's sale, or levied upon? YES \_\_\_ NO \_\_\_. If YES, bring any papers concerning those actions to the office and state:

<i>What Property Was Sold or Listed for Sale</i>	<i>Value of Property</i>	<i>Date</i>	<i>Name and Address of Creditor</i>
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- B.** Has money from your pay check or bank account been garnished, offset, or taken or frozen by a creditor, including your bank or credit union, because of a debt? YES \_\_\_ NO \_\_\_. If YES, give the following:

*Name and Address of Creditor*

<i>Who Received the Money</i>	<i>Amount Taken</i>	<i>Dates</i>
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**10. Repossessions and Returns:**

- A.** Have you had any property or merchandise repossessed during the last two years? YES \_\_\_ NO \_\_\_. If YES, bring all papers including all letters telling you of the repossession or sale.

<i>Description of Property</i>	<i>Month &amp; Year of Repossession</i>	<i>Who Repossessed Item (Name, Address)</i>	<i>Value of Property When Repossessed</i>
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- B.** Have you voluntarily returned any property or merchandise to the seller in the past two years? YES \_\_\_ NO \_\_\_. If YES, state:

<i>Description of Property</i>	<i>Month &amp; Year of Return to Seller</i>	<i>Seller's Name and Address</i>	<i>Value of Property at Time of Return</i>
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## 11. Property of Yours Held by Someone Else:

- A. Does any other person have any of your property? (This includes any check you may have given to a payday lender or check cashing service.) YES \_\_\_ NO \_\_\_. If YES, list the following:

<i>Type of Property</i>	<i>Value</i>	<i>Being Held By (Name and Address)</i>	<i>Why Is This Person Holding the Property?</i>
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- B. Is there any property that is listed in your name even though you do not have or use the property? (For example, the title to an car may have been put in your name to help someone else get a loan to buy the car.) YES \_\_\_ NO \_\_\_. If YES, list the following:

<i>Type of Property</i>	<i>Value</i>	<i>Being Held By (Name and Address)</i>	<i>Why Is This Person Holding the Property?</i>
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- C. Have you given or made an assignment of any of your property for the benefit of your creditors or any settlements with your creditors within the past two years? YES \_\_\_ NO \_\_\_. If YES, give the name and address of the creditor and the terms and conditions under which you gave the property to the creditor or made an agreement with the creditor:

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- D. Is any of your property in the hands of a court-appointed person (a receiver), or in the hands of a person who is holding it for your benefit and use (a trustee)? YES \_\_\_ NO \_\_\_. If YES, give details:

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- E. Is any of your property in the possession of a pawnbroker, storage company or repairman? YES \_\_\_ NO \_\_\_. If YES, describe and give its value:

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## 12. Gifts and Transfers:

- A. Have you made sales of property, mortgages, gifts, charitable contributions, or transfers of any substantial property or cash within the last four years? YES \_\_\_ NO \_\_\_. If YES, give the following:

<i>Name of Person Who Received Property</i>	<i>Description of Property</i>	<i>Month and Year of Gift or Sale</i>	<i>Was Sale or Gift to a Relative?</i>
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- B. Have you used any money from the sale or transfer of any property within the past ten years to purchase or improve your current home, or to pay down the mortgage? YES \_\_\_\_ NO \_\_\_\_\_. If YES, give the following:

<i>Description of Property Sold or Transferred</i>	<i>Month and Year of Sale or Transfer</i>	<i>Amount You Got from Sale or Transfer</i>	<i>How Much of This Amount Was Used to Buy or Improve Your Home?</i>
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**13. Losses:**

- A. Did you lose any substantial amount of money as a result of fire, theft, or gambling during the last year?  
YES \_\_\_\_ NO \_\_\_\_\_. If YES, state the following:

<i>What Caused the Loss?</i>	<i>Value of the Money or Property That Was Lost</i>	<i>Date of the Loss</i>
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- B. Did insurance pay for any part of the loss or do you expect to receive a payment? YES \_\_\_\_ NO \_\_\_\_\_. If YES, what was date of payment? \_\_\_\_\_

How much was paid? \$\_\_\_\_\_ How much do you expect to receive? \$\_\_\_\_\_

**14. Payments or Transfers to Attorneys, Credit Counselors, or Debt Settlement Companies:**

- A. Give the date, name, and address of any attorney or bankruptcy consultant (petition preparer, typing service, document preparation service, independent paralegal) you have consulted during the past year:

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- B. Give the reason for which you consulted the attorney or bankruptcy consultant:

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- C. How much have you paid the attorney or bankruptcy consultant? \$\_\_\_\_\_

- D. Did you promise to pay money to the attorney or bankruptcy consultant? YES \_\_\_\_ NO \_\_\_\_\_. If YES, give the amount and terms of the agreement:

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- E. Give the name and address of any credit counseling agency, debt settlement company, or mortgage assistance company you have consulted during the past year and the date when you consulted them:

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- F. Did the agency have you sign up for a plan to repay or settle your debts? YES \_\_\_\_ NO \_\_\_\_\_. If YES, give the amount and terms of the plan (*and bring a copy of the plan with you to our office*):

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- G. How much have you paid the agency or company? \$\_\_\_\_\_

**H.** Have you consulted anyone else about your debts in the past year? YES \_\_\_\_ NO \_\_\_\_\_. If YES, give name, address, and amount(s) paid for the service:

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**I.** Did any of your debts result from a refinancing or a consolidation loan? YES \_\_\_\_ NO \_\_\_\_\_. If YES, which ones?

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*Please be sure to bring all papers for these loans with you.*

**15. Closed Bank Accounts:**

<i>Bank's Name and Address</i>	<i>Acct No.</i>	<i>Type of Account (Savings/Checking)</i>	<i>Other Names on Account</i>	<i>Date Closed</i>	<i>Final Balance</i>
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Have you or your spouse had your name on any bank account (such as savings, checking, certificates of deposit) during the past 12 months that is now closed? YES \_\_\_\_ NO \_\_\_\_\_. If YES, state:

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**16. Safe Deposit Boxes:**

Have you or your spouse had a safe deposit box during the last year? YES \_\_\_\_ NO \_\_\_\_.

If YES, list the name and address of the bank, the name and address of everyone who had access to the box, the contents of the box and, if you no longer have the box, the date it was closed:

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**17. Property Held for Another Person:** Do you have any money, property, furniture, etc. that belongs to another person or that you are holding for the benefit of someone else (in trust)? YES \_\_\_\_ NO \_\_\_\_\_. If YES, what is the property, who owns it, and what is it worth? Include name and address of the owners:

<i>Type of Property</i>	<i>Value</i>	<i>Owned By</i>	<i>Address</i>	<i>Relative? (Yes or No)</i>
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At what address are you keeping this property? \_\_\_\_\_

**18. Leases and Contracts:**

**A.** Do you currently have an auto lease, cell phone contract, rent-to-own contract, or rental-purchase transaction?

YES \_\_\_\_ NO \_\_\_\_\_. If YES, give details, including the amount you are required to pay and whether you are current:

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- B.** Have you had an auto lease, cell phone contract, rent-to-own contract, or rental-purchase transaction in the past?  
YES \_\_\_ NO \_\_\_. If YES, give details, including when the lease or contract ended and whether you still owe anything:

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- 19. Cooperatives:** Are you a member of any type of cooperative (housing, food, agricultural, etc.)? YES \_\_\_ NO \_\_\_.  
If YES, give details:

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**20. Alimony, Child Support, and Property Settlements:**

- A.** Have you had any previous marriages? YES \_\_\_ NO \_\_\_. If YES, what is the name of your former spouse?

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*Please be sure that any debts from prior marriages which were never paid are listed with your other debts.*

- B.** Does anybody owe you any money or child support? YES \_\_\_ NO \_\_\_.  
Who? \_\_\_\_\_ How much? \$ \_\_\_\_\_

- C.** Have you ever been ordered to pay child support? YES \_\_\_ NO \_\_\_.  
Alimony? YES \_\_\_ NO \_\_\_. Property Settlement? YES \_\_\_ NO \_\_\_.  
If yes to any question, state:

- (1) To whom do you make the payments? \_\_\_\_\_  
(2) Are you behind in your payments? \_\_\_\_\_  
(3) Are the persons you are required to support this way on welfare? \_\_\_\_\_  
(4) Do you have any family court hearings coming up? YES \_\_\_ NO \_\_\_. If YES, explain and give dates:

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- D.** Do you expect to be involved in a property settlement with your spouse or former spouse in the near future?  
YES \_\_\_ NO \_\_\_.

**21. Accidents and Driver's License:**

- A.** Have you been involved in a vehicle accident in the last four years? YES \_\_\_ NO \_\_\_.  
**B.** Has your vehicle been involved in an accident in the last four years? YES \_\_\_ NO \_\_\_.  
**C.** Have your children ever injured anyone else or their property? YES \_\_\_ NO \_\_\_.  
**D.** Have you ever lost your driver's license? YES \_\_\_ NO \_\_\_. If YES, give details:

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**22. Cosigners and Debts Incurred for Other People:**

- A.** Were there any cosigners for you on any of the debts you have listed in these forms?  
YES \_\_\_ NO \_\_\_. If YES, give the cosigner's name and address, and which debts were cosigned:

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**B.** Have you ever been the cosigner on someone else's loan or debt which hasn't been paid off?

YES \_\_\_ NO \_\_\_. If YES, list the following for each debt:

<i>Creditor's Name and Address</i>	<i>Date of Debt</i>	<i>Amount Owing</i>	<i>Name and Address of Person You Cosigned For</i>
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**C.** Have you borrowed any money for someone else's benefit? YES \_\_\_ NO \_\_\_. If YES, list the following unless you are sure that loan or debt has been paid:

<i>Creditor's Name and Address</i>	<i>Collection Agent or Attorneys</i>	<i>Date of Debt and Which Spouse Owes</i>	<i>For What?</i>	<i>Current Amount of Claim</i>
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**D.** If you put up any of your property as collateral on a debt you cosigned, list the following:

<i>Creditor</i>	<i>Type of Property</i>	<i>How Much the Property Is Worth Now</i>
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### **23. Credit Card, Payday Loan, and Finance Company Debts:**

**A.** Have you obtained cash advances of more than \$1,100 in the last seventy days or used any credit card to purchase more than \$800 worth of goods or services in the last ninety days? YES \_\_\_ NO \_\_\_. If YES, give details:

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**B.** Have you ever gone over your credit limit on any credit cards? YES \_\_\_ NO \_\_\_. If YES, give details:

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**C.** If any of your debts listed on this form are owed to finance companies, did you sign an agreement that listed some of your property (such as a second television or DVD player) and stated that the property would be security or collateral for the loan? YES \_\_\_ NO \_\_\_. If YES, which ones?

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**D.** Do you owe money on a payday loan, auto title loan, or for a check cashing service? YES \_\_\_ NO \_\_\_. If YES, give details:

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**E.** Is any of your property being held by a pawn shop? YES \_\_\_ NO \_\_\_. If YES, give details: \_\_\_\_\_

**24. Evictions:**

- A.** Has your current landlord sued you or brought an eviction suit against you? YES \_\_\_\_ NO \_\_\_\_\_. If YES, state:

<i>Case Name</i>	<i>Case No.</i>	<i>Court's Name and Address</i>	<i>Reason for Suit or Eviction</i>	<i>Result of Case (Eviction Judgment?) or Date of Hearing</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- B.** Does your current landlord have an eviction judgment or order against you? YES \_\_\_\_ NO \_\_\_\_\_. If YES, and the eviction is based on your nonpayment of rent, list the following:

*Regular Rent Payment*

*(Specify Monthly, Weekly, Other)*

*When Are Rent Payments Due?*

*Back Rent You Owe*

_____	_____	_____
_____	_____	_____

- C.** Is your current landlord planning to bring an eviction suit against you? YES \_\_\_\_ NO \_\_\_\_\_. If YES, give details and state if your landlord is claiming that you have damaged the property or used illegal drugs on the property:

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_____

**25. Secured Debts: (Answer Every Question).** Do you owe any money for any property or goods which can be repossessed or foreclosed if you fail to make payments? YES \_\_\_ NO \_\_\_. Have you agreed with any creditor that it can take any of your possessions from you, such as your car or your furniture, if you don't keep up with your payments? YES \_\_\_ NO \_\_\_. Do you have any mortgages or liens on your property? YES \_\_\_ NO \_\_\_. For all these debts, give the following information, including the full name and address of the creditor AND the attorney or collection agency.

<i>Names and Addresses of Creditor, Collection Agency, &amp; Attorney</i>	<i>Acct. No.</i>	<i>Date &amp; Purpose of Debt</i>	<i>What Property Is Collateral or Subject to Lien?</i>	<i>Current Value of Property</i>	<i>Original Amount Owed</i>	<i>Current Balance</i>	<i>Monthly Payment, No. of Payments Behind &amp; Date When Last Payment Due</i>	<i>Who Owes? (Which Spouse? Co-signers?)</i>

If the collateral (the property that secures the loan) is a home or a car, do you have insurance on the property? YES \_\_\_ NO \_\_\_.

Is any of the collateral located somewhere other than your home? YES \_\_\_ NO \_\_\_. If YES, describe:

Do you dispute any of these debts? YES \_\_\_ NO \_\_\_. If yes, which ones?

Do you have an FHA, FmHA (Rural Housing), or VA Mortgage? YES \_\_\_ NO \_\_\_. If YES, describe:

Have you applied or been approved for a HAMP or other loan modification of your mortgage? YES \_\_\_ NO \_\_\_. If YES, describe and state whether you are on a trial plan or permanent modification:

**26. Unsecured Debts:** List all creditors, including creditors who have court judgments or whose claims you dispute. Anyone who you think may have a claim against you must be listed even if the claim is old. *For each debt, please give all information requested. If a collection agency or an attorney is involved, list it and the person or company you originally owed.*

[illegible]

Do you dispute any of these debts? YES \_\_\_ NO \_\_\_. If YES, which ones?

Now review all the debts you have listed on this page and the last. Have you forgotten any:

medical bills?	debts you cosigned?	criminal restitution debts?
credit card bills?	provided to your dependents?	bills for goods or services?
store charges?	schools?	bills owed to old landlords?
cable T.V. bills?	student loans?	utility or telephone bills?
payday loans?	welfare debts?	loans from relatives?
mail order bills?	back rent?	money owed to creditors who repossessed your property?
judgments?	condominium assessments?	loans on your pension?
loan companies?	traffic tickets or parking tickets?	

## 27. Property Listing:

(If you are married and living with your spouse, designate any items listed below that are not jointly owned.)

### A. REAL PROPERTY (Home):

- (1) Do you own real estate that you use as your home? YES \_\_\_ NO \_\_\_. Describe and give the location of this property (house, mobile home, condominium, cooperative, land, etc.) in which you hold an interest:

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- (2) Co-owners: \_\_\_\_\_

- (3) Purchase price: \_\_\_\_\_ Date purchased: \_\_\_\_\_

- (4) Original mortgage amount: \_\_\_\_\_ Down payment amount: \_\_\_\_\_

- (5) Have you used any funds that you did not borrow to purchase or improve your home? YES \_\_\_ NO \_\_\_. If YES, list the amounts and give details:

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- (6) If not purchased, state when and how you became the owner (inheritance, gift, etc.): \_\_\_\_\_

- (7) Present value of your house: \_\_\_\_\_

- (8) Outstanding mortgage balance: \_\_\_\_\_

- (9) Are there any other mortgages? YES \_\_\_ NO \_\_\_. If YES, give the name and address of each company:

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- (10) Is any mortgage insured by the FHA, VA, or a private mortgage insurance company?

YES \_\_\_ NO \_\_\_. If YES, give details:

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### B. REAL PROPERTY (Other Real Estate):

- (1) Do you own other real estate, such as land or rental property? YES \_\_\_ NO \_\_\_. Describe and give the location of all real property (lot, house, condominium, cooperative, land, burial plot, etc.) in which you hold an interest:

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- (2) Co-owners: \_\_\_\_\_

- (3) Outstanding mortgage balance: \_\_\_\_\_



- (4) Name of mortgage company: \_\_\_\_\_
- (5) Purchase price: \_\_\_\_\_ Year purchased: \_\_\_\_\_
- (6) Present value of the property: \_\_\_\_\_
- (7) Are there any other mortgages? YES \_\_\_\_ NO \_\_\_\_\_. If YES, give the name and address of each company:
- \_\_\_\_\_
- \_\_\_\_\_
- (8) Is any mortgage insured by the FHA, VA, or a private mortgage insurance company?
- YES \_\_\_\_ NO \_\_\_\_\_. If YES, give details:

### C. PERSONAL PROPERTY:

- (1) Cash on hand: \$ \_\_\_\_\_
- (2) Do you have any deposits of money in banks, savings and loan associations, or credit unions, or is your name listed on any other account in which someone else has deposits of money? If YES, for each account, list the name and address of the bank, savings and loan association, or credit union, the amount in the account, and the names of all persons listed on the account:  
\_\_\_\_\_  
\_\_\_\_\_
- (3) Have you given a security deposit to any landlord, utility, or anyone else? YES \_\_\_\_ NO \_\_\_\_\_. If YES, list the name and address of the person or company and the amount:  
\_\_\_\_\_  
\_\_\_\_\_
- (4) List your major property items such as stove, refrigerator, TV, sewing machine, furniture, guns, etc., giving approximate age and value (what you could get for it if you sold it). (These goods usually can be protected, but you must list them to protect them.)

Item

*Approximate Age*

*Value (What You Could Get for It If You Sold It)*

If any of the above items are being financed through a company, list the item and the name and address of the company below:

(5) Give an estimate of the value (what you could get for it if you sold it) of the following:

All your furniture not already listed: \$ \_\_\_\_\_ All your clothing: \$ \_\_\_\_\_

All minor appliances not already listed: \$ \_\_\_\_\_ All your household goods not already listed (dishes, utensils, food, etc.): \$ \_\_\_\_\_

(6) List each item of jewelry that you own, and an estimate of its value (what you could get for it if you sold it):

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**D. CARS, MOBILE HOMES, TRAILERS AND BOATS:**

Do you have any cars, trucks, mobile homes, boats, trailers, or motorcycles? YES \_\_\_ NO \_\_\_. If YES, give the year, make, model, approximate mileage, value, who is financing it, and amount owed:

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**E. OTHER PROPERTY:**

Do you own any life insurance policies? YES \_\_\_ NO \_\_\_.

If YES, list insurance company's name and address:

How long have you had each policy? \_\_\_\_\_ Cash surrender value: \$ \_\_\_\_\_

Do you have any other insurance, including credit insurance? YES \_\_\_ NO \_\_\_. If YES, describe:

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Do you expect to receive any money from any insurance in the near future? YES \_\_\_ NO \_\_\_. If YES, give details:

Do you own any stocks? YES \_\_\_ NO \_\_\_. Value: \$ \_\_\_\_\_

Do you own any bonds (including U.S. Savings Bonds)? YES \_\_\_ NO \_\_\_. Value: \$ \_\_\_\_\_

Do you own any machinery, tools, or fixtures used in your business or work? YES \_\_\_ NO \_\_\_. If YES, list and state what you could sell it for:

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Do you have any animals or pets? YES \_\_\_ NO \_\_\_. If YES, describe and give value (what you could sell them for):

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Do you have any right to receive commissions or other payments from your current job or from any previous job you have held? YES \_\_\_ NO \_\_\_. Does anyone owe you any money? YES \_\_\_ NO \_\_\_. If YES to either, state names, addresses and amounts owed:

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Do you have any books, prints or pictures, stamps or coins, or sports equipment of substantial value?

YES \_\_\_ NO \_\_\_. If YES, describe and estimate their value:

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Have you been sent recently any class action settlement notices stating that you may be entitled to receive funds?  
YES \_\_\_\_ NO \_\_\_\_ . If YES, describe and estimate their value:

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Do you have any stock in trade (inventory)? YES \_\_\_\_ NO \_\_\_\_ . If YES, describe and estimate the value:

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Do you own any property that is being held in storage? YES \_\_\_\_ NO \_\_\_\_ . If YES, describe the property  
and give the location of the storage company:

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Do you own anything else not mentioned above? YES \_\_\_\_ NO \_\_\_\_ . If YES, describe and state its value (what you  
could sell it for):

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Does any of the property that you own or possess pose a threat of harm to public health or safety? YES  
\_\_\_\_ NO \_\_\_\_ .

Is the threat imminent? YES \_\_\_\_ NO \_\_\_\_ .

Has anyone ever alleged that any of the property that you own or possess poses a threat of imminent  
harm to public health or safety? YES \_\_\_\_ NO \_\_\_\_ .

Was the threat alleged to be imminent? YES \_\_\_\_ NO \_\_\_\_ .

Give details regarding any threat or alleged threat to public health or safety, including identification of  
property and nature of potential harm or alleged harm.

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**28. Budget Information:** (If you or your spouse have more than one job, list information for each job  
separately)

**A.** Do you currently receive your pay or other income (check one):

	YOU	YOUR SPOUSE
WEEKLY	_____	_____
EVERY 2 WEEKS	_____	_____
MONTHLY	_____	_____
OTHER	_____	_____

**B.** What is the gross amount received in wages or other income (before taxes or other deductions)?

YOU	YOUR SPOUSE
_____	_____

**C.** What deductions, if any, are taken out?

	YOU	YOUR SPOUSE
Taxes	_____	_____
Insurance	_____	_____
Union dues	_____	_____
Other (identify: _____)	_____	_____

**D.** What is the usual amount of your check (take-home pay)?

YOU	YOUR SPOUSE
_____	_____

**E.** Is your job subject to seasonal or other changes?

YOU	YES ____	NO ____
YOUR SPOUSE	YES ____	NO ____

**F.** What was your gross income (reported on W-2 form and tax return) for last year?

YOU	YOUR SPOUSE
_____	_____

**G.** If you receive alimony, maintenance, or support, what is the amount you get on a regular basis?

YOU	YOUR SPOUSE
_____	_____

**H.** List all dependents of you and your spouse.

	NAME	AGE	RELATIONSHIP
YOU	_____	_____	_____
	_____	_____	_____
YOUR SPOUSE	_____	_____	_____
	_____	_____	_____

**I.** List all members of your household.

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**J.** Do you expect your income to increase or decrease in the next year? YES \_\_\_\_ NO \_\_\_\_\_. If YES, describe:

\_\_\_\_\_

**K.** Do you expect to have any increase or decrease in expenses (like medical bills) in the near future?

YES \_\_\_\_ NO \_\_\_\_\_. If YES, describe:

\_\_\_\_\_

\_\_\_\_\_

- L.** Do you, your spouse, or your dependents receive income from any source other than jobs, alimony, maintenance, or support listed above (such as government assistance, housing assistance, unemployment compensation, social security, SSI, pension, etc.)? YES \_\_\_ NO \_\_\_. If YES, list:

*Source of Income*

*To Whom Payable*

*Amount per Month*

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- M.** Do you, your spouse, or your dependents receive any regular contributions to your household expenses from any source not listed above? YES \_\_\_ NO \_\_\_. If YES, list:

*Source of Contribution*

*To Whom Payable*

*Amount per Month*

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- N.** Is your family eligible for food stamps (SNAP benefits)? YES \_\_\_ NO \_\_\_.  
If YES, how much in food stamps do you receive per month? \$\_\_\_\_\_

- O.** Expenses. (Give realistic estimates. If your expenses add up to more than the income you have listed, or less than your income, be prepared to explain why.)

List below your average monthly expenses for you and your family. If you receive government assistance to help pay for some of these expenses, such as food stamps (SNAP benefits), list the full amount of the expense here and list the assistance amount in response to Questions 28L or 28N. For example, if you spend \$200 out-of-pocket and \$150 in SNAP benefits each month on food and housekeeping supplies, for a total of \$350 per month, list \$350 below under “food and housekeeping supplies” and \$150 under Question 28N above. If you pay any of these expenses weekly, bi-weekly, quarterly, semi-annually, or annually, you will need to adjust the amount to show it as a monthly amount (for example, if you pay the expense weekly, you can show that as a monthly expense by multiplying the weekly amount by 4.3). If you are not sure how to do this, let us know of any expenses you do not pay monthly. If your expenses include expenses for people who do not live with you or who are not your dependents (other than alimony or child support), list and identify those expenses below under “Other expenses,” or in response to Question Q, or on a separate sheet.

	<i>Average Monthly Expenses</i>	<i>List Any Increase or Decrease You Expect for Item in Next Year</i>
Rent or mortgage	\$ _____	\$ _____
Are real estate taxes included? ____		
Is property tax included? ____		
Condo or homeowners association fees	\$ _____	\$ _____
Trash pickup	\$ _____	\$ _____
Electricity	\$ _____	\$ _____
Heat	\$ _____	\$ _____
Water	\$ _____	\$ _____
Telephone		
Home	\$ _____	\$ _____
Cell	\$ _____	\$ _____

Other utilities

Internet \$ \_\_\_\_\_ \$ \_\_\_\_\_

Cable T.V. or satellite \$ \_\_\_\_\_ \$ \_\_\_\_\_

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

Personal care (haircuts, etc.) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Home maintenance (repairs and upkeep) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Food and housekeeping supplies \$ \_\_\_\_\_ \$ \_\_\_\_\_

Childcare and children's education costs \$ \_\_\_\_\_ \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_ \$ \_\_\_\_\_

Laundry and cleaning \$ \_\_\_\_\_ \$ \_\_\_\_\_

Medications \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other medical and dental expenses (co-pays,  
eye care, etc.) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Public transportation \$ \_\_\_\_\_ \$ \_\_\_\_\_

Auto maintenance (repairs and upkeep) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Auto registration and license fees \$ \_\_\_\_\_ \$ \_\_\_\_\_

Gasoline and oil \$ \_\_\_\_\_ \$ \_\_\_\_\_

Newspapers, magazines, school books \$ \_\_\_\_\_ \$ \_\_\_\_\_

Recreation \$ \_\_\_\_\_ \$ \_\_\_\_\_

Charitable contributions \$ \_\_\_\_\_ \$ \_\_\_\_\_

Club and union dues  
(not deducted from wages) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Insurance (not deducted from wages)  
Homeowner's or renter's \$ \_\_\_\_\_ \$ \_\_\_\_\_

Life \$ \_\_\_\_\_ \$ \_\_\_\_\_

Health \$ \_\_\_\_\_ \$ \_\_\_\_\_

Auto \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Taxes (not deducted from  
wages \$ \_\_\_\_\_ \$ \_\_\_\_\_

or included in mortgage payment) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Tax return preparation fees \$ \_\_\_\_\_ \$ \_\_\_\_\_

Checking account and other bank fees \$ \_\_\_\_\_ \$ \_\_\_\_\_

Loan installment payments  
Auto \$ \_\_\_\_\_ \$ \_\_\_\_\_

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

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

Alimony, maintenance or support payments \$ \_\_\_\_\_ \$ \_\_\_\_\_

Child support and other payments for  
support of dependents \$ \_\_\_\_\_ \$ \_\_\_\_\_

Expenses for operating your business \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other expenses (list types of expenses, e.g.,  
cigarettes, diapers, security system, school,  
birthday and holiday gifts, pets)

Identify: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

- P.** If you and your spouse are not filing bankruptcy together, does your spouse (who is not filing bankruptcy) have any monthly expenses listed above that are not paid towards your household expenses (such as child support payments your spouse makes to a former spouse or payments your spouse makes on separate debts)? YES \_\_\_\_ NO \_\_\_\_\_. If YES, list:

*Describe Expense Item*

*To Whom Payable*

*Amount per Month*

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- Q.** Do you have any monthly expenses not listed above that you pay for the care and support of an elderly, chronically ill, or disabled member of your household or your immediate family? YES \_\_\_\_ NO \_\_\_\_.

If YES, describe:

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- R.** Do you have any monthly expenses not listed above that you pay to keep your family safe from domestic violence? YES \_\_\_\_ NO \_\_\_\_\_. If YES, describe:

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- S.** Do you pay any expenses for your dependent children under the age of eighteen to attend a private or public elementary or secondary school? YES \_\_\_\_ NO \_\_\_\_\_. If YES, describe:

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