

## DOCUMENTS REQUIRED FOR ALL BANKRUPTCY CASES

*For us to evaluate your case, we need the following information. If you cannot provide any of the documents that apply to your situation, please call us to discuss what to do. We also need the documents regarding all assets and debts in joint names.*

### **Income Documentation—Please Provide Documentation of the Following Income Items:**

#### *For the Past Seven Months:*

- ☐ Paystubs. *We really need every single paystub. If you are married, we need your spouse's paystubs as well.*
- ☐ Commissions or bonuses.
- ☐ Unemployment benefits.
- ☐ Child support, alimony or other domestic support obligation.
- ☐ Pension or retirement benefits.
- ☐ Rental income.
- ☐ Interest or dividend income.

#### *For the Past Twelve Months:*

- ☐ Social Security payments received by any member of your household.
- ☐ Money paid or contributed to your household or living expenses by friends or family.
- ☐ Any other income coming into your household from any source.

### **Expense Documentation—Please Provide Documentation of the Following Expense Items:**

- ☐ Statements, bills, notices, letters, etc. received in the past 90 days regarding all your individual and joint debts—mortgages, car loans, credit cards, medical bills, personal loans, furniture loans, jewelry loans, etc.
- ☐ Current, pending, or past wage garnishments, bank attachments, levies, foreclosures, or repossessions during the past year.
- ☐ 401(k), 403(b), IRA, Keough, TSP or other retirement loans currently owed.

### **Asset Documentation—Please Provide Documentation of the Following Asset Items:**

- ☐ Monthly statements from all bank, credit union, brokerage, money market, CD and financial accounts for the past seven months (including closed accounts).
- ☐ Copies of deeds for any out-of-state real estate you own, are buying, or where your name appears on any title documents (including timeshares).
- ☐ Copies of vehicle titles and purchase/lease contracts for all vehicles.
- ☐ Papers regarding rental leases and eviction proceedings.
- ☐ If you have your own business or are self-employed, monthly Profit & Loss Statements for the past year.
- ☐ A list of all publically-traded stock and bonds where your name is on the title, with the number of shares, the stock ticker abbreviation, and the current value.
- ☐ Current statements for all whole and universal life insurance policies, with their cash surrender value.
- ☐ Documents regarding any actual or potential distribution from an inheritance, estate or trust during the past year.
- ☐ Documents for any education IRA, Education Savings Account, 529 account or tuition accounts or programs.
- ☐ Papers regarding any other assets you own, your name appears on, or you have any ownership interest in.

**Personal Documentation—Please Provide Documentation of the Following Items:**

- ☐ A copy of your driver's license and Social Security Card.
- ☐ Personal and business tax returns (federal and state) for the last four years (2015, 2014, 2013, and 2012).
- ☐ Copies of any divorce decree, divorce settlement, separation agreement, child support or alimony orders, including property distribution, attorney's fees, or payment plans.

## GENERAL INFORMATION

Your Full Name:..... Spouse's Full Name:.....  
Other Names Used in last 8 years: ..... Other Names Used in last 8 years: .....  
Social Security Number:..... Social Security Number:.....  
Date of Birth:..... Age:..... Date of Birth:..... Age:.....

Where You Live: ..... Where Spouse Lives: .....  
.....  
City:..... County:..... City:..... County:.....  
State:..... State:.....  
Zip:.....How Long? ..... Zip:.....How Long? .....

Phone: Home:..... Work: ..... Phone: Home:..... Work: .....  
Cell:..... Fax: ..... Cell:..... Fax: .....  
E-Mail 1:..... E-Mail 1: .....  
E-Mail 2:..... E-Mail : .....

Marital Status: ☐ Never Married ☐ Married and living together ☐ Widowed  
☐ Married and living apart ☐ Divorced

Have you ☐, your spouse ☐, or both ☐, owned, operated or had any ownership interest in any business, corporation, LLC, partnership, joint venture, or self-employment of any sort during the past six years?

If yes, state: business name(s): .....  
Employer Identification Number(s) (EIN): .....  
Business Address(es):.....  
Type(s) of Business: .....  
Dates Operated: .....

Have you ☐ or your spouse ☐ ever filed for bankruptcy before? Yes ☐ No ☐

Date Filed: ..... Date Discharged: ..... Chapter (7, 11, 12 or 13).....  
State (i.e. Virginia) ..... Case Number: .....  
Was the case dismissed (you did not complete the bankruptcy)? Yes ☐ No ☐  
If so, what date was it dismissed? .....

Do you have an eviction pending against you? Yes ☐ No ☐

Who is your landlord? .....  
What Date was the Order for Possession entered by the Court? .....

Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? (For example, do you have perishable goods, livestock, a gas station with leaky tanks, or a building that needs urgent repairs?) Yes ☐ No ☐ If Yes, describe: .....

.....  
.....  
.....

## FINANCIAL HISTORY

Total Gross Income (before deductions):

*From business and employment*

*From all other sources*

*(Social Security, Retirement, Support, Rent, etc.)*

	You	Spouse	You	Spouse
2015 (so far)	\$.....	\$.....	\$.....	\$.....
2014	\$.....	\$.....	\$.....	\$.....
2013	\$.....	\$.....	\$.....	\$.....

***The Bankruptcy Court requires you to answer the following questions. If the answer to any question is "Yes," please provide all of the requested information, particularly addresses and amounts. If you need additional room for your answers, please attach an additional piece of paper.***

- (a) Within the past *three* years, have you lived anywhere other than where you live now? Yes ☐ No ☐

Previous Address(es)	Start Date	End Date

- (b) Within the past *eight* years, did you live with a spouse or domestic partner in a community property state or territory (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin)? Yes ☐ No ☐

Name and Address of Spouse or Domestic Partner	Start Date	End Date

- (c) Within the past *90* days, have you paid *any* creditor (including mortgages, car loans, credit cards, loan repayments, suppliers or vendors, or other) a total of \$600 or more? Yes ☐ No ☐

Name and Address of Creditor	Type of Debt	Payment Date	Payment Amount	Current Balance
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

- (d) Within the past *one* year, did you make a payment on a debt you owed any Insider (such as a relative, a friend, a business associate or a relative of a business associate)? Yes ☐ No ☐

Name and Address	Relationship	Payment Date	Payment Amount	Current Balance
			\$	\$
			\$	\$
			\$	\$

- (e) Within the past *one* year, did you make any payments or transfer any property on account of a debt that benefited an Insider (such as a relative, a friend, a business associate or a relative of a business associate), such as paying their tuition, or a car or mortgage payment? Yes ☐ No ☐

<i>Name and Address</i>	<i>Relationship</i>	<i>Payment Date</i>	<i>Payment Amount</i>	<i>Current Balance</i>
			\$	\$

- (f) Within the past *one* year, have you been a party in any lawsuit, court action or administrative proceeding? Yes ☐ No ☐  
(Status: Pending, Judgment Entered, or Dismissed.)

<i>Case Title</i>	<i>Case Number</i>	<i>Type of Case</i>	<i>Court Name</i>	<i>Status</i>

- (g) Within the past *one* year, have you had any wages, bank accounts or other assets attached, garnished, seized, repossessed, foreclosed or levied? Yes ☐ No ☐  
(Describe Property: Wages, Bank Account, the year-make-model of the vehicle, the address of the property, etc.)

<i>Name and Address of Creditor</i>	<i>Date</i>	<i>Describe Property</i>	<i>Type of Action</i>	<i>Value of Property</i>
				\$

- (h) Within the past *90 days*, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes ☐ No ☐

<i>Name and Address of Creditor</i>	<i>Date</i>	<i>Type of Action</i>	<i>Amount</i>
		Setoff	\$

- (i) Within the past *one* year, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian or another official? Yes ☐ No ☐

<i>Name and Address of Holder</i>	<i>Court Name</i>	<i>Describe Property</i>	<i>Value</i>
			\$

- (j) Within the past *two* years, did you give any gifts with a total value of more than \$600.00 per person? Yes ☐ No ☐  
(Describe Gift: Money, Vehicle, Real Estate, Other)

<i>Name and Address of Recipient</i>	<i>Relationship</i>	<i>Describe Gift</i>	<i>Date of Gift</i>	<i>Value</i>
				\$

- (k) Within the past *two* years, did you give any tithes, gifts, contributions or donations (including cash, clothing, household goods, and toys) with a total value of more than \$600.00 to a church, house of worship, charity or non-profit? Yes ☐ No ☐

<i>Name and Address of Recipient</i>	<i>Describe Gift</i>	<i>Date of Gift</i>	<i>Value</i>
			\$
			\$
			\$

- (l) Within the past *one* year, did you lose anything because of theft, fire, flood or other disaster? Yes ☐ No ☐  
(Describe Insurance Coverage: Please give the name of the insurance company and how much of your claim was paid.)

<i>Property Lost and How Loss Occurred</i>	<i>Describe Insurance Coverage</i>	<i>Date of Loss</i>	<i>Value</i>
			\$

- (m) Within the past *one* year, did you have any gambling losses? Yes ☐ No ☐

<i>Property Lost and How Loss Occurred</i>	<i>Date of Loss</i>	<i>Value</i>
		\$

- (n) Within the past *one* year, did you or anyone acting on your behalf pay or transfer any property to anyone you consulted about filing for bankruptcy or preparing a bankruptcy petition (other than us)? Yes ☐ No ☐

<i>Name and Address</i>	<i>What Did They Do For You</i>	<i>Date</i>	<i>Payment</i>
			\$

- (o) Within the past *one* year, did you or anyone acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Yes ☐ No ☐

<i>Name and Address</i>	<i>What Did They Do For You</i>	<i>Date</i>	<i>Payment</i>
			\$

- (p) Within the past *two* years, have you sold, traded, transferred, given away, or pledged as collateral for a loan or debt a vehicle, real estate or other asset during the past two years (including a trade-in, title loan, or refinance)? Yes ☐ No ☐

<i>Name and Address of Transferee</i>	<i>Describe Asset /Type of Transfer</i>	<i>Date of Transfer</i>	<i>Value of Asset</i>
			\$
			\$

- (q) Within the past *ten* years, have you transferred any asset to a trust or set up a trust during the past ten years? Yes ☐ No ☐

<i>Name of Trust</i>	<i>Description and Value of Property Transferred</i>	<i>Date Established</i>

- (r) Within the past *one* year, did you or a bank close, sell, move or transfer any bank or financial account (including checking, savings, money market, certificate of deposit, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions) that your name appeared on (even if you were not the primary account holder)? Yes ☐ No ☐

<i>Name and Address of Institution</i>	<i>Last 4 of Acct. No.</i>	<i>Type of Acct.</i>	<i>Date Closed, etc.</i>	<i>Last Balance</i>
				\$

- (s) Within the past *one* year, have you had a safe deposit box or other depository for securities, cash or other valuables?  
Yes ☐ No ☐

<i>Name and Address of Institution</i>	<i>Who Had Access (Name and Address)</i>	<i>Describe Contents</i>	<i>Do You Still Have?</i>

- (t) Within the past *one* year, have you stored any property or asset in a storage unit or place other than your home? Yes ☐ No ☐

<i>Name and Address of Storage Facility</i>	<i>Who Had Access (Name and Address)</i>	<i>Describe Contents</i>	<i>Do You Still Have?</i>

- (u) Do you hold or control any property or asset that someone else owns (include property or assets that you borrowed from, are storing for, or hold in trust for someone, or your name is on a family member's bank account, car title or deed)? Yes ☐ No ☐

<i>Owner's Name and Address</i>	<i>Where is the Property?</i>	<i>Describe Property</i>	<i>Value</i>
			\$

- (v) Has any governmental unit notified you that you may be liable under or in violation of an environmental law? Yes ☐ No ☐

<i>Name and Address of Site</i>	<i>Governmental Unit</i>	<i>Law Cited</i>	<i>Notice Date</i>

- (w) Have you notified any governmental unit of any release of hazardous material? Yes ☐ No ☐

<i>Name and Address of Site</i>	<i>Governmental Unit</i>	<i>Law Cited</i>	<i>Notice Date</i>

- (x) Have you been a party in any judicial or administrative proceeding under any environmental law? Yes ☐ No ☐

<i>Case Title</i>	<i>Case Number</i>	<i>Type of Case</i>	<i>Court Name</i>	<i>Status</i>

- (y) Within the past *four* years, did you own a business or have any of the following connections to any business Yes ☐ No ☐

- ☐ A sole proprietorship or self-employed in a trade, profession, or other activity, either full or part-time;
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP);
- ☐ A partner in a partnership;
- ☐ An officer, director, or managing executive of a corporation; or
- ☐ An owner of at least 5% of the voting or equity securities of a corporation.

<i>Business Name/Address</i>	<i>Nature of Business</i>	<i>Name of Accountant/Bookkeeper</i>	<i>EIN</i>	<i>Dates Operated</i>

- (z) If your answer to the previous question was "Yes," within the last *two* years, did you give a financial statement to anyone about your business (include all financial institutions, creditors or other parties)? Yes ☐ No ☐

<i>Name and Address of Recipient of Financial Statement</i>	<i>Date of Statement</i>

## ASSET INFORMATION

Just because you are filing for bankruptcy does **not** necessarily mean that you will lose everything you own. You are entitled to claim “exemptions,” which are things that creditors cannot take from you. You must be honest with the Court and include a list of **all** your assets in the Petition. To keep your assets, you must list them. You can expect significant problems with your case and can lose your assets if you do not list them or if you are not completely honest about *all* of your assets.

You must list everything you own, have in your possession, will own in the future, or might have any interest in now or in the future. This includes, for example, the \$5 in your wallet, the car that is “owned by the bank,” and your baseball card collection. Everything means everything. It includes things that you are making payments on, such as cars, real estate or furniture; things you own with someone else (including a spouse, a parent or anyone else); things that your name appears on the title or deed as the legal owner, even if you do not have possession of it; things that you are holding for the benefit of someone else, such as a college account in the joint names of you and your child; things that you may not think have a lot of value (such as your household goods and clothing); and claims you might have against someone else, such as a claim for injuries in an auto accident. We need to know everything so that we can figure out how to deal with it, and avoid your getting in trouble for not listing it.

**\*\*\* If you do not have the described asset, please check the box in the “None” column. The Court really does require that every row either have a described asset or a check in the “None” box. \*\*\***

In the “***Owned By***” column, check whether the asset is owned solely by you—“Y”—by your Spouse—“S”—by both of you—“J”—or some other ownership—“O”. If it is “O,” please explain how the asset is owned.

In the “**Description**” column, please describe the asset. What type of description is needed is shown.

In the “**Liquidation Value**” column, please list how much the asset could sell for at a liquidation sale. This is *not* the same as how much you paid for the asset or how much it would cost to replace it. In many cases (particularly **used clothing, furniture, computers**, etc.), this would be yard sale value, or what the item would sell for on eBay. For **jewelry**, it is what a jeweler or pawnshop would pay for it, *not* retail or replacement value. In other cases, such as **antiques or collectables**, it may be retail value. For **motor vehicles**, it would be trade-in value. For **real property**, it is what the real property would sell for, at current market value. For **cash and bank accounts**, it is the available balance on the date your case is filed. For **stocks and bonds**, it is their market value as of the date your case is filed. You must make a reasonable inquiry to determine the “liquidation value” of your assets.



Residence, Building, Land, Timeshares, Investment Property, Mobile/Manufactured Homes, other Real Estate:				
Asset Description	None	Owned By:	Description	Liquidation Value
Single-Family House (list address and all owners) (attach add'l sheets if necessary)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Townhome/Duplex/Multi-Unit (list address and all owners) (attach add'l sheets if necessary)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Condominium/Co-op (list address and all owners) (attach add'l sheets if necessary)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Investment Property (list address and all owners) (attach add'l sheets if necessary)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Timeshares (list address and all owners) (attach add'l sheets if necessary)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Manufactured/Mobile Homes (list address and all owners)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Cars, Vans, Trucks, Tractors, SUVs, Motorcycles, RVs, Watercraft, Aircraft, Motor Homes, ATVs, other vehicles:				
Asset Description	None	Owned By:	Description	Liquidation Value
Vehicle #1 (list year, make, model and mileage) Attach Blue Book Trade-In Value for Each Vehicle	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Vehicle #2 (list year, make, model and mileage) Attach Blue Book Trade-In Value for Each Vehicle	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Vehicle #3 (list year, make, model and mileage) Attach Blue Book Trade-In Value for Each Vehicle	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Watercraft/Aircraft/Motor Homes/ATVs/Other (list year, make and model)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____

Personal and Household Items:				
Asset Description	None	Owned By:	Description	Liquidation Value
Household Goods and Furnishings (Fill out the attached listing and enter the total value)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Electronics (TVs, stereos, computers, game consoles, tablets, iPods, cell phones, etc.)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Collectibles of Value (including art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, figurines, etc.)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Sport, photo, exercise and hobby equipment (describe)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Firearms (list make and model)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Clothing and wearing apparel	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Jewelry (list and describe each item)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Pets/Non-Farm Animals (type/breed & name)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Health Aids and All Other household items not listed	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Financial Assets				
Asset Description	None	Owned By:	Description	Balance
Cash Money (spare change/ money in your purse or wallet, cash not in accounts)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Checking Account #1 (list name(s) on account, bank name and account number)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Checking Account #2 (list name(s) on account, bank name and account number)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____

<i>Asset Description</i>	<i>None</i>	<i>Owned By:</i>	<i>Description</i>	<i>Balance</i>
Savings Account #1 (list name(s) on account, bank name and account number)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Savings Account #2 (list name(s) on account, bank name and account number)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Certificate of Deposit (list name(s) on account, bank name and account number)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Other Financial Account #1 (list name(s) on account, bank name and account number)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Other Financial Account #2 (list name(s) on account, bank name and account number)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Other Financial Account #3 (list name(s) on account, bank name and account number)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Other Financial Account #4 (list name(s) on account, bank name and account number)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Bonds, Mutual Funds and Publicly Traded Stocks	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Non-Publicly Traded Stocks and Interests in Businesses, Corporations, LLCs, etc. (list % ownership)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Government and Corporate Bonds and Instruments (including US Savings Bonds)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Retirement, Pension or Profit-Sharing Plan #1 (IRA, 401(k), 403(b), TSP, etc.) (list type of Plan, where the account is, and the vested amount)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____

<i>Asset Description</i>	<i>None</i>	<i>Owned By:</i>	<i>Description</i>	<i>Balance</i>
Retirement, Pension or Profit-Sharing Plan #2 (IRA, 401(k), 403(b), TSP, etc.) <i>(list type of Plan, where the account is, and the vested amount)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Retirement, Pension or Profit-Sharing Plan #3 (IRA, 401(k), 403(b), TSP, etc.) <i>(list type of Plan, where the account is, and the vested amount)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Security Deposits <i>(typically with Landlord or Utility) (list holder)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Prepaid Items <i>(layaway, prepaid rent, PayPal accounts, prepaid/ gift cards)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Annuities <i>(List company and total value)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Interests in an Educational IRA, § 529 or § 530 account, or State Tuition Plan	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Trusts, Life Estates, Future and Equitable Interests in Property and Assets <i>(describe)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Patents, Copyrights, Trademarks, Trade Secrets or other Intellectual Property <i>(describe)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Licenses, Franchises and other General Intangibles <i>(including building permits, exclusive licenses, liquor licenses, professional licenses)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Money or Property Owed You/ Accounts Receivable	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Tax Refunds Owed to You <i>(list years due)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____

Alimony, child for family support owed you <i>(describe)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
<b>Asset Description</b>	<b>None</b>	<b>Owned By:</b>	<b>Description</b>	<b>Liquidation Value</b>
Other Amounts Owed You <i>(unpaid wages, disability benefits, sick/vacation pay, WCC, unpaid loans made by you)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Cash Value of Life Insurance (whole or universal life, HSA, etc.) <i>(list insurance co.)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Inheritances, Estate Distributions, and Death Benefits <i>(describe)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Personal Injury Claims or Awards <i>(describe)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Lawsuits or claims against anyone for anything <i>(describe)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
All Other Claims or Rights to Sue Someone <i>(describe)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Any Other Financial Asset Not Listed <i>(describe)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
<b>Business-Related Assets:</b>				
Accounts Receivable or Commissions Earned <i>(list)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Office equipment, furnishings, and supplies <i>(list)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Machinery, fixtures, equipment, supplies used in business, and Tools of Your Trade <i>(list)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Business Inventory <i>(list)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Interests in businesses, partnerships or joint ventures (% interest, name and type of business)	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____

Customer Lists/Goodwill <i>(describe)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> J <input type="checkbox"/>	S <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
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<i>Asset Description</i>	<i>None</i>	<i>Owned By:</i>	<i>Description</i>	<i>Liquidation Value</i>
Other Business-Related Property not already listed <i>(describe)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
<b>Farm and Commercial Fishing-Related Property:</b>				
Farm animals (including farm-raised fish) <i>(describe)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Crops (growing or harvested) <i>(describe)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Farm and Commercial Fishing equipment, implements, machinery, fixtures and Tools of Trade <i>(list)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
Farm and Commercial Fishing supplies, chemicals and feed <i>(list)</i>	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____
<b>Miscellaneous Property:</b>				
List all other property of any kind not previously listed.	<input type="checkbox"/>	Y <input type="checkbox"/> S <input type="checkbox"/> J <input type="checkbox"/> O <input type="checkbox"/>		\$ _____

*Note: The Trustee may want to know how you arrived at the value of your assets.*

## HOUSEHOLD GOODS AND FURNISHINGS

<i>Room/Description</i>	<i>Liquidation Value</i>	<i>Room Total</i>
<i>Living/Family Room</i>		
Sofas, Tables, Chairs	\$ _____	
Lamps/Pictures/Mirrors	\$ _____	
Rugs	\$ _____	
Other (list)	\$ _____	
<b>Total Living/Dining Room</b>		\$ _____
 <i>Dining Room</i>		
Carpet/Rugs	\$ _____	
Table, Chairs	\$ _____	
Buffet, Sideboard	\$ _____	
China, Crystal, Silver	\$ _____	
Pictures/Mirrors	\$ _____	
Other (list)	\$ _____	
<b>Total Dining Room</b>		\$ _____
 <i>Kitchen</i>		
Small Appliances	\$ _____	
Table, Chairs	\$ _____	
Cookware, Dishes	\$ _____	
Other (list)	\$ _____	
<b>Total Kitchen</b>		\$ _____
 <i>Bedrooms</i>		
Carpet/Rugs	\$ _____	
Beds, Dressers	\$ _____	
Pictures/Mirrors	\$ _____	
Desk, Chairs, Tables	\$ _____	
Other (list)	\$ _____	
<b>Total Bedrooms</b>		\$ _____
 <i>Garage/Shed/Basement</i>		
Tools/Lawn Mower	\$ _____	
Grill	\$ _____	
Lawn Furniture	\$ _____	
Other (list)	\$ _____	
<b>Total Garage/Shed/Basement</b>		\$ _____
 <b>TOTAL HOUSEHOLD</b>		 \$ _____



# SALVATION ARMY VALUE LIST

(for items in *as new* condition)

*(for items not in as new condition, use 25% of the low range for yard sale prices)*

<b>FURNITURE</b>	<b>low range</b>	<b>high range</b>
Air conditioner	24.00	108.00
Bar	36.00	90.00
Bar stools	12.00	24.00
Bed (double)	60.00	204.00
Bed (single)	42.00	120.00
Bicycles	18.00	78.00
Chest	30.00	114.00
Clothes closet	18.00	60.00
China cabinet	102.00	360.00
Sleeper sofa (w/mat.)	102.00	360.00
Crib (w/mattress)	30.00	120.00
Chair (upholstered)	30.00	90.00
Coffee table	18.00	78.00
Dresser w/mirror	24.00	120.00
Desk	30.00	168.00
End tables (2)	12.00	60.00
Fireplace set	36.00	108.00
Floor lamps	9.00	48.00
Heaters	9.00	25.40
High chair	12.00	60.00
Kitchen table	30.00	72.00
Kitchen chair	3.00	12.00
Mattress (double)	42.00	90.00
Mattress (single)	18.00	42.00
Organ console	90.00	240.00

<b>DRY GOODS</b>	<b>low range</b>	<b>high range</b>
Blankets	3.00	9.60
Bedspreads	3.60	28.80
Curtains	1.80	14.40
Drapes	7.80	48.00
Pillows	2.40	9.60
Throw rugs	1.80	14.40

<b>SPORTING GOODS</b>	<b>low range</b>	<b>high range</b>
Bicycles	18.00	78.00
Fishing rods	6.00	30.00
Ice/roller skates	12.00	48.00
Skis	18.00	120.00
Sleds	6.00	24.00
Tennis rackets	6.00	48.00

<b>FURNITURE (cont.)</b>	<b>low range</b>	<b>high range</b>
Piano	90.00	240.00
Pictures and paintings	6.00	48.00
Ping pong table	18.00	48.00
Play-pens	18.00	36.00
Pool table	24.00	90.00
Rugs	24.00	108.00
Refrigerator (working)	90.00	300.00
Radio	9.00	60.00
Secretary Desk	60.00	168.00
Sofa	42.00	240.00
TV b/w (working)	30.00	72.00
TV color (working)	90.00	270.00
Trunk	6.00	84.00
Wardrobe	24.00	120.00

<b>MISCELLANEOUS</b>	<b>low range</b>	<b>high range</b>
Christmas trees	18.00	60.00
Broiler ovens	18.00	30.00
Copier	120.00	240.00
Home computer (new)	180.00	600.00
Mixer	6.00	24.00
Mower (riding)	120.00	300.00
Mower (auto)	12.00	120.00
Power edger	6.00	60.00
Rototiller	30.00	108.00
Sewing machine	18.00	90.00
Snow blower	60.00	180.00
Typewriter	9.00	42.00
Vacuum cleaner	24.00	72.00
Wigs	6.00	30.00

**CLOTHING:** Clothing is valued at "auction value." Clothing at auction is sold by the *pound*. With the following exceptions (which need to be separately itemized and valued), clothing should be valued at \$100/person. The exceptions:

- Louis Vuitton, Gucci, Hermes or similar purses, handbags or leather goods;
- Hermes or similar silk scarves;
- Antique clothing owned by someone famous;
- Couture clothing or accessories;
- Sports Memorabilia

## COMPLETING THE CREDITOR INFORMATION SHEET

You need to list *everyone* you owe money to, *everyone* you might owe money to, *everyone* who might have a claim against you, and *everyone* you don't owe money to (but they think you do), regardless of who they are or how much you owe them. *Make as many copies of the Creditor Information Sheet as you need. Please do not give us your own list; it speeds up your case for our office to be able to enter your information using our Creditor Information Sheet.*

You must list *all* your debts—you cannot pick and choose which debts to include. Some debts may not be dischargeable in your bankruptcy. We will explain which (if any) of your debts are not dischargeable. If you are unsure whether to include a person or business, go ahead and list them, and tell us why you have doubts.

**IMPORTANT:** The U.S. Bankruptcy Code requires you to disclose *all* debts, not just those owed to companies. If you owe money to a family member, friend, co-worker, or anyone else then you *must* provide information to us regarding the following: the name and address of the person to whom you owe money; the balance due; the reason for the debt; and when you originally took out the debt. You can get in trouble if you don't include such debts.

There are three kinds of debts: Secured, Unsecured and Priority.

A **Secured Debt** is a debt where you pledge an asset as collateral for a loan. If you do not pay your debt, the creditor can foreclose on or repossess the asset.

All Secured Creditors must be listed whether or not you intend to keep the property and continue paying for it. Just because you list a secured debt, such as a mortgage or car loan, does *not* mean that you will lose your house or car. Some examples of secured debts are:

- ◆ Mortgages, deeds of trust, equity lines, other home loans (list each loan separately);
- ◆ Car, truck and boat loans;
- ◆ Some credit cards bills for furniture, big screen TVs, jewelry and other big-ticket items;
- ◆ Any debt that is secured by your pension, 401(k) plan, or any other account, whether or not you intend to repay the debt;
- ◆ Any account that you cosigned for someone else that is secured (such as car, truck, furniture, or jewelry); and
- ◆ Some lawsuit judgments obtained against you.

An **Unsecured Debt** is a debt where the person or business to whom you owe money cannot foreclose on or repossess a specific piece of your property if you do not pay. Some examples of unsecured debts are:

- ◆ Most credit cards, medical bills and personal loans;
- ◆ Liability for automobile accidents and other negligence;
- ◆ A balance owed after a foreclosure, repossession or eviction;
- ◆ Unpaid utility bills;
- ◆ Any account (not secured) that you cosigned for someone else; and
- ◆ Anyone who has sued you but has not yet obtained or recorded a judgment.

A **Priority Debt** is a special type of unsecured debt. There are five main types:

*Taxes*—Any claim for taxes, customs duties, and penalties made by the federal government or IRS, a state government, or any other taxing authority (but *not* county property taxes, which are actually secured debts). If the tax was assessed more than 240 days ago and the return filed more than two years ago for taxes due more than three years ago, it *may* be considered a general unsecured debt.

*Domestic Support Obligations*—Alimony, spousal support, child support, a marital award, property distribution or the payment of costs or fees related to a domestic matter.

*Wages and Contributions*—Claims by your employees for wages, salary, or commissions, including vacation, severance, sick leave, or contributions to an employee benefit plan.

*Deposits*—Claims for money given to you to do something that you did not do (such as a rental or cleaning deposit).

*Claims for Death or Injury While You Were Intoxicated*

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For *each* debt, Please provide the following information using the attached form (make additional copies of the form if you need to):

1. Creditor Name
2. Creditor Address—*Please list the correspondence address. Do NOT use the payment address.*
3. Account Number
4. Current Balance Due
5. Type of debt (secured, unsecured, priority). If the debt is secured, we need to know what asset was given as security, how much that asset is now worth, and the amount you are behind on payments.
6. Purpose of debt (credit card, loan, medical bill, etc.)
7. Person who is responsible for the debt (you, spouse, you and spouse, other person)
8. If you have paid the creditor a total of \$600 or more in the last 90 days, we need to know the dates and amounts of such payments.
9. If your account has been referred to a collection agency or attorney, we need their name, address and phone number.

If you have any questions about any of these matters or the Creditor Information Sheet, please call us and ask.

**PLEASE FILL IN THESE FORMS COMPLETELY. ATTACHING DOCUMENTS INSTEAD WILL DELAY YOUR CASE DUE TO INCREASED PROCESSING TIME.**

**SECURED CREDITOR INFORMATION SHEET**  
(If there is Collateral for the Loan—Mortgages, Vehicle Loans, etc.)

*Please list the "correspondence address," NOT the "payment address"*

Creditor Name: .....				
Creditor Address: .....				
Balance Due: .....		Regular Monthly Payment: \$ .....		
Account Number: .....		Amount You're Behind on Payments: \$ .....		
Describe the collateral for the loan: .....				
Type of Debt:	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Business Loan	<input type="checkbox"/> HOA/Condo Lien	<input type="checkbox"/> Judgment Lien
	<input type="checkbox"/> Vehicle Loan	<input type="checkbox"/> Furniture Loan	<input type="checkbox"/> Other .....	
Person(s) Responsible: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other .....				
If referred, sold, or transferred to a collection agency or attorney, state their name and address: .....				
If you paid or charged more than \$600 in the last 90 days, state the date and amount of each: .....				

Creditor Name: .....				
Creditor Address: .....				
Balance Due: .....		Regular Monthly Payment: \$ .....		
Account Number: .....		Amount You're Behind on Payments: \$ .....		
Describe the collateral for the loan: .....				
Type of Debt:	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Business Loan	<input type="checkbox"/> HOA/Condo Lien	<input type="checkbox"/> Judgment Lien
	<input type="checkbox"/> Vehicle Loan	<input type="checkbox"/> Furniture Loan	<input type="checkbox"/> Other .....	
Person(s) Responsible: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other .....				
If referred, sold, or transferred to a collection agency or attorney, state their name and address: .....				
If you paid or charged more than \$600 in the last 90 days, state the date and amount of each: .....				

Creditor Name: .....				
Creditor Address: .....				
Balance Due: .....		Regular Monthly Payment: \$ .....		
Account Number: .....		Amount You're Behind on Payments: \$ .....		
Describe the collateral for the loan: .....				
Type of Debt:	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Business Loan	<input type="checkbox"/> HOA/Condo Lien	<input type="checkbox"/> Judgment Lien
	<input type="checkbox"/> Vehicle Loan	<input type="checkbox"/> Furniture Loan	<input type="checkbox"/> Other .....	
Person(s) Responsible: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other .....				
If referred, sold, or transferred to a collection agency or attorney, state their name and address: .....				
If you paid or charged more than \$600 in the last 90 days, state the date and amount of each: .....				

## UNSECURED CREDITOR INFORMATION SHEET

(If there is NO collateral for the debt—credit cards, medical bills, taxes, loans, etc.)

*Please list the "correspondence address," NOT the "payment address"*

Creditor Name: .....				
Creditor Address: .....				
Balance Due: .....				
Account No.: .....				
Type of Debt:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Personal Loan	<input type="checkbox"/> Student Loan	<input type="checkbox"/> Tax (list years due)
	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Business Loan	<input type="checkbox"/> Child Support	<input type="checkbox"/> Other .....
Person(s) Responsible: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other .....				
If referred, sold, or transferred to a collection agency or attorney, state their name and address: .....				
If you paid or charged more than \$600 in the last 90 days, state the date and amount of each payment or charge: .....				

Creditor Name: .....				
Creditor Address: .....				
Balance Due: .....				
Account No.: .....				
Type of Debt:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Personal Loan	<input type="checkbox"/> Student Loan	<input type="checkbox"/> Tax (list years due)
	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Business Loan	<input type="checkbox"/> Child Support	<input type="checkbox"/> Other .....
Person(s) Responsible: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other .....				
If referred, sold, or transferred to a collection agency or attorney, state their name and address: .....				
If you paid or charged more than \$600 in the last 90 days, state the date and amount of each payment or charge: .....				

Creditor Name: .....				
Creditor Address: .....				
Balance Due: .....				
Account No.: .....				
Type of Debt:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Personal Loan	<input type="checkbox"/> Student Loan	<input type="checkbox"/> Tax (list years due)
	<input type="checkbox"/> Medical Bill	<input type="checkbox"/> Business Loan	<input type="checkbox"/> Child Support	<input type="checkbox"/> Other .....
Person(s) Responsible: <input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other .....				
If referred, sold, or transferred to a collection agency or attorney, state their name and address: .....				
If you paid or charged more than \$600 in the last 90 days, state the date and amount of each payment or charge: .....				

## BUDGET QUESTIONS

### INCOME & EMPLOYMENT

Employer's Name: ..... Employer's Name: .....  
Employer's Address: ..... Employer's Address: .....  
Occupation/Job Title: ..... Occupation/Job Title: .....  
Dates Employed: ..... Dates Employed: .....

#### Wages, Salary, Commissions and Employment Income per Pay Period:

- |   | <i>YOU</i>   | <i>SPOUSE</i>  |
|---|--|--|
| 1. How often are you paid?                | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Twice a month<br><input type="checkbox"/> Every two weeks<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Other (explain): | <input type="checkbox"/> Monthly<br><input type="checkbox"/> Twice a month<br><input type="checkbox"/> Every two weeks<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Other (explain): |
| 2. Gross pay ( <i>before</i> deductions): | \$ _____   | \$ _____   |
| 3. Average overtime pay:                  | \$ _____   | \$ _____   |

#### Deductions per Pay Period:

- |                             |          |          |
|-----------------------------|----------|----------|
| 4. <i>Payroll Taxes</i>     |          |          |
| Federal Taxes:              | \$ _____ | \$ _____ |
| Social Security (FICA):     | \$ _____ | \$ _____ |
| Medicare:                   | \$ _____ | \$ _____ |
| State Taxes:                | \$ _____ | \$ _____ |
| Local Taxes:                | \$ _____ | \$ _____ |
| <i>Total Payroll Taxes:</i> | \$ _____ | \$ _____ |
| 5. <i>Other Deductions</i>  |          |          |
| Mandatory Retirement:       | \$ _____ | \$ _____ |
| Voluntary Retirement:       | \$ _____ | \$ _____ |
| Retirement Loan Repayment:  | \$ _____ | \$ _____ |
| Insurance/HSA/FSA:          | \$ _____ | \$ _____ |
| Child Support/Alimony:      | \$ _____ | \$ _____ |
| Union Dues:                 | \$ _____ | \$ _____ |
| Parking:                    | \$ _____ | \$ _____ |
| Charity:                    | \$ _____ | \$ _____ |
| Other (Describe): _____     | \$ _____ | \$ _____ |

***SPOUSE***

6. Income from Rental Property and Operation of a Business, Profession or Farm (*itemize*):

§ \_\_\_\_\_

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

§

§

§ \_\_\_\_\_

§ \_\_\_\_\_

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

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

\$

§ \_\_\_\_\_

\$

\$

§

§

Contribution from Household  
Members (list relationship):  
Part-Time Employment:

\$

§

§

\$

§

\$

\$

\$

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### MONTHLY EXPENSES

15. Do your expenses include expenses of people other than yourself and your dependents? Yes ☐ No ☐
- Name, Relationship, Age: \_\_\_\_\_  
Name, Relationship, Age: \_\_\_\_\_
16. First Mortgage Payment/Rent: \$ \_\_\_\_\_
- (if not included in Line 16):*
- Property Taxes \$ \_\_\_\_\_  
Property Insurance \$ \_\_\_\_\_  
Home Maintenance, Repair & Upkeep \$ \_\_\_\_\_  
HOA/Condo Fees \$ \_\_\_\_\_
17. Second Mortgage/HELOC \$ \_\_\_\_\_
18. *Utilities*
- Electricity, Heat, Natural Gas, Propane: \$ \_\_\_\_\_  
Water, Sewer, Garbage: \$ \_\_\_\_\_  
Telephone, Cell Phone, Cable, Internet, Streaming (Netflix, Hulu, XM, Spotify, etc.): \$ \_\_\_\_\_  
Security: \$ \_\_\_\_\_  
Other Utilities (list): \_\_\_\_\_ \$ \_\_\_\_\_
19. Food & Housekeeping Supplies  
*(includes cleaning supplies, baby care items, work/school lunches, restaurant/carry-out):* \$ \_\_\_\_\_
20. Childcare & Child's Education \$ \_\_\_\_\_
21. Clothing, Laundry, Dry Cleaning: \$ \_\_\_\_\_
22. Personal Care Products & Services  
*(haircuts, nails, etc.):* \$ \_\_\_\_\_
23. Medical & Dental Expenses  
*(co-pays, prescriptions, contacts/glasses, braces, future dental or medical procedures):* \$ \_\_\_\_\_
24. Transportation (Gas & Maintenance)  
(Use [commutesolutions.com](http://commutesolutions.com) Cost Calculator)  
*(do not include monthly car payment)* \$ \_\_\_\_\_
25. Entertainment, Movies, Music, Apps, Games, Recreation, Newspapers, Magazines and Books: \$ \_\_\_\_\_
26. Charitable Contributions/Religious Donations: \$ \_\_\_\_\_



27. *Insurance*  
(If not deducted from pay or listed above)
- Life insurance: \$ \_\_\_\_\_
- Health insurance: \$ \_\_\_\_\_
- Vehicle insurance: \$ \_\_\_\_\_
- Other insurance (list): \_\_\_\_\_ \$ \_\_\_\_\_
28. Taxes not deducted from pay or listed above: \$ \_\_\_\_\_
29. Alimony/Child Support paid? (if not deducted from pay): \$ \_\_\_\_\_
30. Payments to support others not living with you (specify) \$ \_\_\_\_\_
31. Vehicle #1 Payment: \$ \_\_\_\_\_
32. Vehicle #2 Payment: \$ \_\_\_\_\_
33. Other Installment/lease payments (not credit cards)
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
34. *Expenses for other real property not previously listed*
- Mortgages \$ \_\_\_\_\_
- Property Taxes \$ \_\_\_\_\_
- Property Insurance \$ \_\_\_\_\_
- Home Maintenance, Repair & Upkeep \$ \_\_\_\_\_
- HOA/Condo Fees \$ \_\_\_\_\_
35. *Other expenses not previously listed*
- Tobacco \$ \_\_\_\_\_
- Pet Food, Vet \$ \_\_\_\_\_
- Student Loans \$ \_\_\_\_\_
- Investment Club \$ \_\_\_\_\_
- Dating Sites (Match.com, eHarmony, etc.) \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

If you anticipate a substantial increase or decrease in you expenses during the next year, state why, and the expected amount of increase or decrease:

\_\_\_\_\_

\_\_\_\_\_

***The following questions should be filled out only if you are self-employed***

36. Name and Description of business(es): \_\_\_\_\_

37. What was your actual gross business income for the past year (before costs and expenses are deducted): \$ \_\_\_\_\_

38. What is your estimated average future monthly gross business income: \$ \_\_\_\_\_

<i>Monthly Expenses:</i>	<i>BUSINESS ONE</i>	<i>BUSINESS TWO</i>
39. Net Employee Payroll:	\$ _____	\$ _____
40. Payroll Taxes:	\$ _____	\$ _____
41. Unemployment Taxes:	\$ _____	\$ _____
42. Workers' Compensation:	\$ _____	\$ _____
43. Other Taxes:	\$ _____	\$ _____
44. Inventory Purchases:	\$ _____	\$ _____
45. Rent:	\$ _____	\$ _____
46. Utilities:	\$ _____	\$ _____
47. Office Expenses/Supplies:	\$ _____	\$ _____
48. Repair/Maintenance:	\$ _____	\$ _____
49. Vehicle Expenses:	\$ _____	\$ _____
50. Travel/Entertainment:	\$ _____	\$ _____
51. Equip. Rental/Leases:	\$ _____	\$ _____
52. Legal/Acct/Prof. Fees:	\$ _____	\$ _____
53. Insurance:	\$ _____	\$ _____
54. Employee Benefits:	\$ _____	\$ _____
55. Secured Payments:	\$ _____	\$ _____
56. Other Expenses:	\$ _____	\$ _____