

# Questionnaire

**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.

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Current Address: \_\_\_\_\_

(Street)

(City)

(County)

(Zip Code)

F. Telephone Number: \_\_\_\_\_

G. 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).

<i>Addresses</i>	<i>Date Moved In</i>	<i>Date Moved Out</i>	<i>Name Used</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**2. Prior Bankruptcy:** Have you 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?</i>	<i>Date Case Filed</i>	<i>Did You Get a Discharge?</i>	<i>If Yes, List Date of Discharge</i>	<i>If Dismissed, List Date 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? YES \_\_\_\_\_ NO \_\_\_\_\_. If YES, give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**4. Occupation and Income:**

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.)*

<i>Income Received</i> (Give gross income)	<i>Source</i> (Names and addresses of employers or specify social security, welfare, unemployment, self-employment, investments, etc.)	<i>By Whom</i> (Self or spouse)
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:

<i>Income Received</i> (Give gross income as reported on tax returns)	<i>Source</i> (Names and addresses of employers or specify social security, welfare, unemployment, self-employment, investments, etc.)	<i>By Whom</i> (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 six years? YES \_\_\_ NO \_\_\_. If yes, give the dates, name of the business, its address, 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 ever been on welfare 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 state welfare, name the state, if local welfare, name the city or county).

K. Have you ever received or been told you have received more money from the government than you were supposed to (such as social security, welfare, unemployment compensation, food stamps, etc.)?  
YES \_\_\_ NO \_\_\_. If YES, give details: \_\_\_\_\_

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

M. Do you have an IRA (including Roth or education IRA) or any other pension plan? YES \_\_\_ NO \_\_\_.  
If YES, give details: \_\_\_\_\_

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: \_\_\_\_\_

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

P. 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: \_\_\_\_\_

Q. (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. Taxes: (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 Credit? YES \_\_\_ NO \_\_\_. \_\_\_\_\_

D. Have you already filed for the refund? YES \_\_\_ NO \_\_\_. \_\_\_\_\_

E. When do you expect to receive the tax refund? \_\_\_\_\_

F. Do you know if anyone intends to take or intercept your tax refund? YES \_\_\_ NO \_\_\_. If YES, give details. \_\_\_\_\_

G. Did you sign an agreement or refund anticipation loan with a tax preparer to get your refund early?  
YES \_\_\_ NO \_\_\_. \_\_\_\_\_

H. (1) Is any other person (such as your spouse) entitled to part of your refund? YES \_\_\_ NO \_\_\_. \_\_\_\_\_

(2) Have you filed income tax returns every year for the last seven years? YES \_\_\_ NO \_\_\_. \_\_\_\_\_

(3) 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: \_\_\_\_\_

- (4) 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: \_\_\_\_\_
- (5) 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: \_\_\_\_\_
- (6) 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: \_\_\_\_\_
- (7) 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: \_\_\_\_\_

**6. 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>
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***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: \_\_\_\_\_

- C. (1) Have you ever had a student loan or cosigned for someone else's student loan? YES \_\_\_ NO \_\_\_.  
If YES to either question, please state:

- (2) Who lent you the money? \_\_\_\_\_
- (3) What school was the loan for? \_\_\_\_\_
- (4) Did the student finish the course of study at the school? YES \_\_\_\_\_ NO \_\_\_\_\_. If NO, why not? \_\_\_\_\_
- (6) Who is trying to collect the debt? \_\_\_\_\_
- (7) How much have you paid on the debt (include any tax refund intercepts)? \_\_\_\_\_
- (8) Has anyone else made payments on the debt? YES \_\_\_\_\_ NO \_\_\_\_\_. How much? \$ \_\_\_\_\_

**7. Suits: (Bring in all papers relating to any suits 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>Name and Address of Court</i>	<i>Type of Case</i>	<i>Result of Case</i>
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- B. Have any court suits 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>Name and Address of Court</i> | <i>Type of Case</i> | <i>Result of Case</i> |
|------------------|-----------------|----------------------------------|---------------------|-----------------------|
|                  |                 |                                  |                     |                       |
|                  |                 |                                  |                     |                       |
- D. Do you have any criminal charges or convictions? YES \_\_\_\_ NO \_\_\_\_ . If yes, state:
- | <i>Case No.</i> | <i>Name of Court</i> | <i>Charges</i> | <i>Result of Case</i> | <i>Do You Owe Fines, Restitution, or Any Other Money?</i> |
|-----------------|----------------------|----------------|-----------------------|---|
|                 |                      |                |                       |   |
|                 |                      |                |                       |   |
- E. Have you been involved in any administrative agency cases (unemployment compensation, 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> |
|------------------|-----------------|----------------------------------|---------------------|-----------------------|
|                  |                 |                                  |                     |                       |
|                  |                 |                                  |                     |                       |
- 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? \_\_\_\_\_

**8. 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> |
|--|--------------------------|-------------|-------------------------------------|
|  |                          |             |                                     |
|  |                          |             |                                     |
- B. Has money from your pay check or bank account been garnished, or taken or frozen by a creditor, including your bank or credit union, because of a debt? YES \_\_\_\_ NO \_\_\_\_ . If YES, give the following:
- | <i>Name and Address of Creditor</i> | <i>Amount Taken</i> | <i>Dates</i> |
|-------------------------------------|---------------------|--------------|
|                                     |                     |              |
|                                     |                     |              |
|                                     |                     |              |

**9. Repossessions and Returns:**

- A. Have you had any property or merchandise repossessed during the last year? 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> |
|--------------------------------|---|---|---|
|                                |   |   |   |
|                                |   |   |   |

B. Have you voluntarily returned any property or merchandise to the seller in the past year?

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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**10. 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. 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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C. 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)? If YES, give details: \_\_\_\_\_

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D. 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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**11. Gifts and Transfers:**

A. Have you made sales of property, mortgages, gifts, 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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**12. 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? YES\_\_ NO\_\_. If YES, what was date of payment? \_\_\_\_\_  
How much was paid? \$ \_\_\_\_\_

**13. Payments or Transfers to Attorney or Debt Consultants:**

- 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:  
\_\_\_\_\_  
\_\_\_\_\_
- B. Give the reason for which you consulted the attorney or bankruptcy consultant:  
\_\_\_\_\_
- 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: \_\_\_\_\_
- E. Give the name and address of any credit counseling agency or debt settlement company you have consulted during the past year and the date when you consulted them: \_\_\_\_\_
- 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*): \_\_\_\_\_
- 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: \_\_\_\_\_
- I. Did any of your debts result from a refinancing or a consolidation loan? YES \_\_\_\_ NO \_\_\_\_\_. If YES, which ones?  
\_\_\_\_\_  
\_\_\_\_\_

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

**14. Closed Bank Accounts:**

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:

<i>Bank's Name and Address</i>	<i>Acct. No.</i>	<i>Type of Account (Savings/Checking)</i>	<i>Names of Others on Account</i>	<i>Date Closed</i>	<i>Final Balance</i>
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**15. 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:  
\_\_\_\_\_  
\_\_\_\_\_

**16. 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? \_\_\_\_\_

17. **Leases:** Have you had an auto lease, rent-to-own, or rental-purchase transaction in the past four years?  
YES \_\_\_\_\_ NO \_\_\_\_\_. If YES, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. **Cooperatives:** Are you a member of any type of cooperative (housing, food, agricultural, etc.)? If YES, give details:  
\_\_\_\_\_  
\_\_\_\_\_

**19. 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?  
\_\_\_\_\_

*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? If YES, explain and give dates:  
\_\_\_\_\_  
\_\_\_\_\_

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

**20. 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**21. 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:

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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**22. Credit Card and Finance Company Debts:**

A. Have you obtained cash advances of more than \$750 in the last seventy days or used any credit card to purchase more than \$500 worth of goods or services in the last ninety days? YES \_\_\_\_ NO \_\_\_\_\_. If YES, give details: \_\_\_\_\_

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

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 VCR) and stated that the property would be security or collateral for the loan? YES \_\_\_\_ NO \_\_\_\_\_. If YES, which ones? \_\_\_\_\_

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

**23. 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>Name and Address of Court</i>	<i>Reason for Suit or Eviction</i>	<i>Result of Case (Eviction Judgment?) or Date of Hearing</i>
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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:

<i>Regular Rent Payment</i>	<i>When Are Rent Payments Due?</i>	<i>Back Rent You Owe</i>
<i>(Specify Monthly, Weekly, Other)</i>		

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C. Is your 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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**26. Asset 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:

\_\_\_\_\_  
\_\_\_\_\_

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

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

(4) Original mortgage amount: \_\_\_\_\_ Downpayment 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: \_\_\_\_\_

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

(7) Present value of your house: \_\_\_\_\_  
Recent sales of similar properties in area and other evidence of value: \_\_\_\_\_

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

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

(10) Is any mortgage insured by the FHA, VA, or a private mortgage insurance company?  
YES \_\_\_\_ NO \_\_\_\_\_. If YES, give details: \_\_\_\_\_

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

(1) Do you own other real estate? 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:

\_\_\_\_\_  
\_\_\_\_\_

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

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

(4) Name of mortgage company: \_\_\_\_\_

(5) Purchase price: \_\_\_\_\_ Year purchased: \_\_\_\_\_

(6) Present value of your property: \_\_\_\_\_  
Recent sales of similar properties in area and other evidence of value: \_\_\_\_\_

(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? If YES, list the name and address of the bank, savings and loan association, or credit union, and the amount:

\_\_\_\_\_  
\_\_\_\_\_



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: \_\_\_\_\_

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

Do you have any right to receive commissions or other payments 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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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. \_\_\_\_\_

**27. Budget Information:**

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 more than 10% in the next year? YES \_\_\_\_ NO \_\_\_\_.

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 public assistance, unemployment compensation, social security, SSI, pension, etc.)?

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

<i>Source of Income</i>	<i>To Whom Payable</i>	<i>Amount per Month</i>
_____	_____	_____
_____	_____	_____

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:

<i>Source of Contribution</i>	<i>To Whom Payable</i>	<i>Amount per Month</i>
_____	_____	_____
_____	_____	_____

N. Is your family eligible for food stamps? YES \_\_\_\_ NO \_\_\_\_ .

If YES, how much in food stamps do you receive per month? \$ \_\_\_\_\_

O. Monthly 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.)

What are your average monthly expenses for (if you and your spouse are not filing bankruptcy together, list separately any regular monthly contribution your spouse makes to the following household expenses):

	Average Monthly Expenses	Spouse's Contribution
Rent or mortgage	_____	_____
Are real estate taxes included? ____		
Is property tax included? ____		
Condo or homeowners association fees	_____	_____
Trash pickup	_____	_____
Electricity	_____	_____
Heat	_____	_____
Water	_____	_____
Telephone	_____	_____
Basic	_____	_____
Optional	_____	_____
Other utilities (internet, cable T.V., etc.)	_____	_____
Home maintenance (repairs and upkeep)	_____	_____
Food (cash you spend on food)	_____	_____
Amount of food stamps you spend	_____	_____
Clothing	_____	_____
Laundry and cleaning	_____	_____
Medications	_____	_____
Other medical and dental expenses	_____	_____
Public transportation	_____	_____
Automobile upkeep	_____	_____
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)	_____	_____
Installment payments	_____	_____
Vehicle	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Alimony, maintenance or support payments	_____	_____
Other payments for support of dependents	_____	_____
Expenses for operating your business	_____	_____

Other expenses (list types of expenses) (e.g.,  
home maintenance, security system, school)

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

P. 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: \_\_\_\_\_  
\_\_\_\_\_

Q. 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: \_\_\_\_\_  
\_\_\_\_\_

R. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_