

BANKRUPTCY HOMEWORK PACKET

CLIENT INFORMATION							
Primary Debtor <input type="checkbox"/> Male <input type="checkbox"/> Female				Spouse / Joint Debtor <input type="checkbox"/> Male <input type="checkbox"/> Female			
Last _____	First _____	Middle _____	Jr./Sr. _____	Last _____	First _____	Middle _____	Jr./Sr. _____
Social Security / Tax Identification Number _____		Date of Birth _____		Social Security / Tax Identification Number _____		Date of Birth _____	
Driver's License Number _____		State Issued _____	Expiration Date _____	Driver's License Number _____		State Issued _____	Expiration Date _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Life Partner <input type="checkbox"/> Common Law <input type="checkbox"/> Engaged <i>If married, please complete Spouse / Joint Debtor sections, even if your spouse is not filing.</i> <i>If married, do you and your spouse maintain separate households?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No							
My debts are: <input type="checkbox"/> Non-Business (Consumer) <input type="checkbox"/> Business							
Have you lived at your current address for at least the past 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No," please list prior address(es) and dates at those addresses:</i> _____ _____ _____							

MILITARY SERVICE	
Primary Debtor Please select one of the following: <input type="checkbox"/> Never called to duty or performed a homeland defense activity <input type="checkbox"/> Called to duty after 9/11/2001 for at least 90 days <input type="checkbox"/> Performed a homeland defense activity for at least 90 days <input type="checkbox"/> Debts incurred while on active duty <input type="checkbox"/> Disabled veteran <input type="checkbox"/> Reservist or member of the National Guard	Spouse / Joint Debtor Please select one of the following: <input type="checkbox"/> Never called to duty or performed a homeland defense activity <input type="checkbox"/> Called to duty after 9/11/2001 for at least 90 days <input type="checkbox"/> Performed a homeland defense activity for at least 90 days <input type="checkbox"/> Debts incurred while on active duty <input type="checkbox"/> Disabled veteran <input type="checkbox"/> Reservist or member of the National Guard

LIVED IN A COMMUNITY PROPERTY STATE IN THE LAST <u>8 YEARS</u>			
Primary Debtor		Spouse / Joint Debtor	
Address _____	Date(s) Used _____	Address _____	Date(s) Used _____
Address _____	Date(s) Used _____	Address _____	Date(s) Used _____

DBA'S USED IN THE LAST 8 YEARS			
Primary Debtor		Spouse / Joint Debtor	
_____	_____	_____	_____
DBA	Date(s) Used	DBA	Date(s) Used
_____	_____	_____	_____
DBA	Date(s) Used	DBA	Date(s) Used

ADDRESSES			
_____	_____		
Home Address	Home Address		
_____	_____		
City	State	Zip	County
_____	_____	_____	_____
Mailing Address (if different from Home Address)		Mailing Address (if different from Home Address)	
_____	_____	_____	_____
City	State	Zip	County
Have you lived at your current address for the last three (3) years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "No," please provide the address(es) you've lived and the dates at those addresses:			
_____	_____	_____	_____
Prior Address	Date (From/To)	Prior Address	Date (From/To)
_____	_____	_____	_____
City	State	Zip	County
_____	_____	_____	_____
Prior Address	Date (From/To)	Prior Address	Date (From/To)
_____	_____	_____	_____
City	State	Zip	County

CONTACT DETAILS	
Debtor Home: _____	Spouse Home: _____
Debtor Work: _____	Spouse Work: _____
Debtor Cell: _____	Spouse Cell: _____
Debtor E-Mail: _____	Spouse E-Mail: _____

PEOPLE YOU SUPPORT			
Name of Dependents <i>(i.e., children, parents, grandchildren, etc.)</i>	Date of Birth	Relationship	Is the dependent living with you?
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

FILING INFORMATION

Please Check: ☐ Individual ☐ Joint ☐ Partnership
☐ Other (specify) _____

Reason for interest in filing for bankruptcy (check all that apply):

☐ Foreclosure ☐ Repossession ☐ Credit Cards ☐ Medical Bills ☐ Other: _____

Have you and your spouse filed taxes for the last 3 years? ☐ Yes ☐ No

If "No," what years were unfilled? _____

Income before taxes for the last 3 years and year-to-date for this year:

2021: \$ _____ 2022: \$ _____ 2023: \$ _____ 2024 (Year-to-date): \$ _____

PRIOR / PENDING BANKRUPTCIES

Are any bankruptcies pending or being filed by a spouse who is not filing this case with you, or by a business partner?

☐ Yes ☐ No

If "Yes," please provide the following:

Debtor: _____ **Relationship to you:** _____

District: _____ **When:** _____ **Case Number:** _____

Have you ever filed for bankruptcy before? ☐ Yes ☐ No

If "Yes," provide the following for each case filed:

Chapter	Location (City, State)	Date Filed	Case Number	Debtor Name(s)	Discharged/ Dismissed?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TENANT

Do you rent your residence? ☐ Yes ☐ No

If "Yes," has the landlord obtained an eviction against you? ☐ Yes ☐ No

If "Yes," please provide the Landlord's name and address: _____

SOLE PROPRIETOR

Are you the sole proprietor of any full or part time business? ☐ Yes ☐ No

If "Yes," provide the name (if any) and address (if it differs from your address): _____

HAZARDOUS PROPERTY

Do you own or have any property that poses or is a threat of imminent and identifiable hazard to public health or safety, or do you own any property that needs immediate attention? ☐ Yes ☐ No

If "Yes," please provide the following:

What is the hazard: _____

If immediate attention is needed, why is it needed? _____

Where is the property located: _____

REAL PROPERTY: HOMES, LOTS, BURIAL PLOTS AND TIMESHARES

HOMESTEAD <i>(Real Property)</i>	Address: _____ _____, Texas _____
What type of home? <i>(check one)</i>	<input type="checkbox"/> Single-Family <input type="checkbox"/> Duplex <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Lot <input type="checkbox"/> Other <i>(specify)</i> : _____
What is your ownership percentage (%)?	_____ %
When did you purchase the property?	_____ Month _____ Year
Who is your mortgage lender or servicer?	_____
What type of loan? <i>(check one)</i>	<input type="checkbox"/> VA <input type="checkbox"/> FHA <input type="checkbox"/> Conventional <input type="checkbox"/> Home Equity <input type="checkbox"/> Texas Cash Out <input type="checkbox"/> Other <i>(specify)</i> : _____
Monthly Payment	Total: \$ _____ Principal: \$ _____ Interest: \$ _____ Escrow: \$ _____
Are you behind on your monthly payment?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If "Yes," by how many months? _____)</i>
Is there a Homeowners Association (HOA)? <i>If "Yes," please provide name of HOA and annual dues:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____ Annual Dues: \$ _____ # Years Behind: _____
What does the Escrow cover? <i>(check all that apply)</i>	<input type="checkbox"/> Taxes <input type="checkbox"/> Insurance <input type="checkbox"/> HOA <input type="checkbox"/> Other <i>(specify)</i> : _____
What do you believe this property is worth?	\$ _____
What is the total amount owed on your loan for this property?	\$ _____
Do you have insurance on this property? <i>If "Yes," please provide name of insurer and cost:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____ Cost: \$ _____

SECOND LIEN ON HOMESTEAD <i>(Real Property)</i>	Address: _____ _____, Texas _____
What type of home? <i>(check one)</i>	<input type="checkbox"/> Single-Family <input type="checkbox"/> Duplex <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Lot <input type="checkbox"/> Other <i>(specify)</i> : _____
What is your ownership percentage (%)?	_____ %
When did you purchase the property?	_____ Month _____ Year
Who is your mortgage lender or servicer?	_____
What type of loan? <i>(check one)</i>	<input type="checkbox"/> VA <input type="checkbox"/> FHA <input type="checkbox"/> Conventional <input type="checkbox"/> Home Equity <input type="checkbox"/> Texas Cash Out <input type="checkbox"/> Other <i>(specify)</i> : _____
Monthly Payment	Total: \$ _____ Principal: \$ _____ Interest: \$ _____ Escrow: \$ _____
Are you behind on your monthly payment?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If "Yes," by how many months? _____)</i>
Is there a Homeowners Association (HOA)? <i>If "Yes," please provide name of HOA and annual dues:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____ Annual Dues: \$ _____ # Years Behind: _____
What does the Escrow cover? <i>(check all that apply)</i>	<input type="checkbox"/> Taxes <input type="checkbox"/> Insurance <input type="checkbox"/> HOA <input type="checkbox"/> Other <i>(specify)</i> : _____
What do you believe this property is worth?	\$ _____
What is the total amount owed on your loan for this property?	\$ _____
Do you have insurance on this property? <i>If "Yes," please provide name of insurer and cost:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____ Cost: \$ _____

OTHER REAL PROPERTY <i>(Rental Property, Burial Plot, Empty Lot, Timeshares)</i>		Address: _____ _____, Texas _____	
What type of home? <i>(check one)</i>	<input type="checkbox"/> Single-Family <input type="checkbox"/> Duplex <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home <input type="checkbox"/> Burial Plot <input type="checkbox"/> Lot <input type="checkbox"/> Timeshare <input type="checkbox"/> Other <i>(specify)</i> : _____		
What is your ownership percentage (%)?	_____%		
When did you purchase the property?	_____ Month Year		
Who is your mortgage lender or servicer?	_____		
What type of loan? <i>(check one)</i>	<input type="checkbox"/> VA <input type="checkbox"/> FHA <input type="checkbox"/> Conventional <input type="checkbox"/> Home Equity <input type="checkbox"/> Texas Cash Out <input type="checkbox"/> Other <i>(specify)</i> : _____		
Monthly Payment	Total: \$ _____ Principal: \$ _____ Interest: \$ _____ Escrow: \$ _____		
Are you behind on your monthly payment?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If "Yes," by how many months? _____)</i>		
Is there a Homeowners Association (HOA)? <i>If "Yes," please provide name of HOA and annual dues:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____ Annual Dues: \$ _____ # Years Behind: _____		
What does the Escrow cover? <i>(check all that apply)</i>	<input type="checkbox"/> Taxes <input type="checkbox"/> Insurance <input type="checkbox"/> HOA <input type="checkbox"/> Other <i>(specify)</i> : _____		
What do you believe this property is worth?	\$ _____		
What is the total amount owed on your loan for this property?	\$ _____		
Do you have insurance on this property? <i>If "Yes," please provide name of insurer and cost:</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____ Cost: \$ _____		

VEHICLES, MOTORCYCLES, BOATS AND AIRCRAFT									
Lienholder	Make	Model	Year	Mileage	Month / Year Purchased	How much is left to pay off?	Value	% Owner -ship	Title Loan
EXAMPLE:									
GM Financial	Chevrolet	Malibu	2022	50,000	01/2022	\$17,231	\$16,300	50%	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
1)						\$	\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes
2)						\$	\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes
3)						\$	\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are the vehicles registered? <input type="checkbox"/> No <input type="checkbox"/> Yes					If "No," which vehicles are not registered? <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3				
Are any of the vehicles leased? <input type="checkbox"/> No <input type="checkbox"/> Yes					If "Yes," which vehicles are leased? <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3				

CONDITION OR DAMAGE OF THE VEHICLES, MOTORCYCLES, BOATS AND AIRCRAFT			
Example: Fair condition, needs some repairs, but still running.	1)	2)	3)

PLEASE NOTE:

*Please provide a response for every question below. Do not leave any blanks.
If the question does not apply to you, do not leave blank, write "N/A" or "None" in the space provided.*

Household Goods and Furnishings	How Many?	Value (i.e. \$300)	Ownership (i.e. 50%)	Do you owe money on the items?
Cell Phone & Accessories		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Tablet & Accessories (i.e. iPad, Surface, Kindle, etc.)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Television		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Sound Bar		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Entertainment Center		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Stereo Receiver		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
DVD Player		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
VCR		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Gaming Console, Accessories & Games (i.e. Xbox, etc.)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
CD Player		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Speakers		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Bluetooth Speaker (i.e. Beats Pill, Apple Home Pod, etc.)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Computer / Laptop & Accessories		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Printer		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Scanner		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Camera & Accessories		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Home Security Camera		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Video Doorbell		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Sofa / Loveseat / Sectional		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Recliner		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Coffee Table		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
End Table(s)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Lamp(s)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Dining / Dinner Table		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Dining Chairs		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Stove / Oven		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Dishwasher		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Microwave		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Refrigerator		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Freezer		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Small Appliances (i.e. toaster oven, blender, Keurig, etc.)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Dishware (i.e. pots, pans, dishes, servingware)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
China		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Flatware & Utensils		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Bed		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Dresser		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Armoire		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Nightstand		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Mirror		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Rugs		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)

Household Goods and Furnishings	How Many?	Value (i.e. \$300)	Ownership (i.e. 50%)	Do you owe money on the items?
Bathroom Items (i.e. plunger)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Washing Machine		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Dryer		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Miscellaneous Household		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Linens (i.e. sheets, towels)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Sports Equipment (i.e. basketball and goal, golf clubs, etc.)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Hobby Equipment (i.e. sewing machine, craft supplies, etc.)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Other (specify): _____		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)

Books, Pictures, Art and Other Collectables	How Many?	Value (i.e. \$300)	Ownership (i.e. 50%)	Do you owe money on the items?
Books		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Pictures		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Art / Paintings		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Coin Collection / Stamp Collection		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Miscellaneous Household Decorations (i.e. décor, holiday)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Other (specify): _____		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)

Clothing, Jewelry and Firearms	How Many?	Value (i.e. \$300)	Ownership (i.e. 50%)	Do you owe money on the items?
Everyday Clothes / Apparel		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Designer Clothes / Apparel		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Accessories (i.e. hat, scarf, gloves)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Shoes		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Purses		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Fur Coats		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Leather Coats		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Eyewear (all eye, reading and sunglasses, prescription or not)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Watches & Accessories		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Rings		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Earrings		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Bracelets		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Other (specify): _____		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Firearm (Make: _____ / Model: _____)		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Firearm Accessories & Ammunition		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Other (specify): _____		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)

Miscellaneous	How Many?	Value (i.e. \$300)	Ownership (i.e. 50%)
Pets—Specify Type (dogs, cats, birds, etc.): _____		\$	%
Season Tickets (specify): _____		\$	%
Anything not listed above (specify): _____		\$	%

ITEMS THAT YOU OWN					
Accounts	Institution <i>(i.e. Bank of America)</i>	Last 4 Digits of Account No.	Value <i>(i.e. \$500)</i>	Is anyone other than you listed on the account?	Name of Other Person(s) Listed on the Account
Checking			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Checking #2			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Checking #3			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Savings			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Savings #2			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Online <i>(i.e. PayPal, Cash App, Venmo, etc.)</i>			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Online #2 <i>(i.e. PayPal, Cash App, Venmo, etc.)</i>			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Brokerage <i>(i.e. Fidelity, Merrill Lynch, etc.)</i>			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
CD's/Money Market			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Security Deposits <i>(Rental or Utility)</i>			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
<u>Any</u> Other Accounts Your Name is On <i>(specify):</i> _____			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Gift Cards	Description <i>(i.e. Visa, gas, restaurant, store, etc.)</i>	Value <i>(i.e. \$500)</i>
Gift Card		\$
Gift Card #2		\$
Gift Card #3		\$

Loyalty Program Memberships	Description <i>(i.e. hotel, airline, casino, etc.)</i>	Value <i>(i.e. \$500)</i>	Points Accumulated <i>(i.e. 50,000 miles)</i>
Loyalty Program		\$	
Loyalty Program #2		\$	
Loyalty Program #3		\$	

Investments and Insurance Policies	Institution <i>(i.e. Bank of America)</i>	Last 4 Digits of Account No.	Value <i>(i.e. \$500)</i>	Is anyone other than you listed on the account?	Name of Other Person(s) Listed on the Account
Annuities			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
401(k), IRA or Retirement Account			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Pension Plans			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Stock ¹			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Interest in any Business ²			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Bonds			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Insurance Policy (cash out value)			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Franchises / Licenses			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Patents / Copyrights			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
CD's/Money Market			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Security Deposits <i>(Rental or Utility)</i>			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Other <i>(specify):</i> _____			\$	<input type="checkbox"/> No <input type="checkbox"/> Yes	

¹ List the name of the company, ticker symbol and how long you've owned the stock on Page 16.

² List the business(es) you have an interest in, the percentage of any interest you own and how long you've owned the interest on Page 16.

INTELLECTUAL PROPERTY			
Do you have a website? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____		\$ _____
	Website Address		Value of Website
Do you have a social media account? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____		\$ _____
	Specify Platform	Account Handle / Username	Value of Account
	_____	_____	\$ _____
	Specify Platform	Account Handle / Username	Value of Account
	_____	_____	\$ _____
	Specify Platform	Account Handle / Username	Value of Account
	_____	_____	\$ _____
	Specify Platform	Account Handle / Username	Value of Account
Do you have a YouTube channel? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____		\$ _____
	YouTube Channel		Value
Do you have an online shop / storefront? <input type="checkbox"/> No <input type="checkbox"/> Yes	_____		\$ _____
	Website Address		Value of Website

Amounts Owed to You	Years (i.e. 2022, 2023)	Value (i.e. \$300)	Ownership (i.e. 50%)
Tax Refund		\$	%
Child Support		\$	%
Alimony		\$	%
Unpaid Wages or Loans		\$	%
Judgments or Settlements		\$	%
Other (specify): _____		\$	%

Claims Disputes (List all Claims Disputes against third parties, whether or not you have filed a lawsuit or made a demand for payment)	Court	Attorney	Value (i.e. \$300)
Car Accident			\$
Employment			\$
EEOC			\$
Insurance			\$
Medical			\$
Other (specify): _____			\$

Business	How Many?	Value (i.e. \$300)	Ownership (i.e. 50%)
Farm Animals		\$	%
Farm Equipment		\$	%
Farm Crops		\$	%
Trust		\$	%
Tools of Trade		\$	%
Office Equipment		\$	%
Inventory		\$	%
Other (specify): _____		\$	%

Motorcycles, Trailers and Boats	How Many?	Value (i.e. \$300)	Ownership (i.e. 50%)	Do you owe money on the items?
Motorcycles		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Trailers		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Mobile Homes		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Boats		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Aircraft		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
ATVs / UTVs / Golf Carts		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Jet Ski		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Other (specify): _____		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)

ITEMS NOT OTHERWISE LISTED ABOVE VALUED AT \$600 OR MORE		
Type	Description	Amount
		\$
		\$
		\$
		\$

STATEMENT OF FINANCIAL AFFAIRS

Within one (1) year before you filed for bankruptcy, did you make a payment on a debt that you owned anyone who was an insider? ☐ Yes ☐ No

If "Yes," please complete the following:

INSIDER PAYMENTS

Name	Address	Date of Payment	Total Amount Paid	Amount Still Owed	Reason for Payment

Within one (1) year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefitted an insider? Include payments on debts guaranteed or cosigned by an insider. ☐ Yes ☐ No

If "Yes," please complete the following:

PAYMENTS OR PROPERTY TO AN INSIDER

Name	Address	Date of Payment	Total Amount Paid	Amount Still Owed	Reason for Payment

Within one (1) year before you filed for bankruptcy, were you a party to any lawsuit, court action or administrative proceeding? If yes, list all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support, or custody modifications and contract disputes. ☐ Yes ☐ No

If "Yes," please complete the following:

PENDING LAWSUITS

Type of Lawsuit	Case Title	Case Number	Court	Name of Your Attorney	Case Status
Credit Card					<input type="checkbox"/> Pending <input type="checkbox"/> Appeal <input type="checkbox"/> Concluded
Tax					<input type="checkbox"/> Pending <input type="checkbox"/> Appeal <input type="checkbox"/> Concluded
Debt					<input type="checkbox"/> Pending <input type="checkbox"/> Appeal <input type="checkbox"/> Concluded
Medical					<input type="checkbox"/> Pending <input type="checkbox"/> Appeal <input type="checkbox"/> Concluded
Family					<input type="checkbox"/> Pending <input type="checkbox"/> Appeal <input type="checkbox"/> Concluded
Other (<i>specify</i>): _____					<input type="checkbox"/> Pending <input type="checkbox"/> Appeal <input type="checkbox"/> Concluded

Within one (1) year before you filed for bankruptcy, was any of your property repossessed or foreclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If "Yes," please complete the following:					
REPOSSESSIONS / FORECLOSURES					
Description of the Property	Name and Address of Creditor	What Happened to the Property?		Date	Total Value (i.e. \$300)
		<input type="checkbox"/> Repossessed <input type="checkbox"/> Garnished	<input type="checkbox"/> Foreclosed <input type="checkbox"/> Seized/Levied		\$
		<input type="checkbox"/> Repossessed <input type="checkbox"/> Garnished	<input type="checkbox"/> Foreclosed <input type="checkbox"/> Seized/Levied		\$
		<input type="checkbox"/> Repossessed <input type="checkbox"/> Garnished	<input type="checkbox"/> Foreclosed <input type="checkbox"/> Seized/Levied		\$
		<input type="checkbox"/> Repossessed <input type="checkbox"/> Garnished	<input type="checkbox"/> Foreclosed <input type="checkbox"/> Seized/Levied		\$
		<input type="checkbox"/> Repossessed <input type="checkbox"/> Garnished	<input type="checkbox"/> Foreclosed <input type="checkbox"/> Seized/Levied		\$

Within ninety (90) days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts for your accounts or refuse to make a payment because you owed a debt? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes," please complete the following:				
SET OFF				
Name	Address	Describe the Action Taken	Date	Amount

RECEIVER, CUSTODIAN OR OTHER OFFICIAL	
Within one (1) year before you filed for bankruptcy, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes," please explain: _____	

Within two (2) years before you filed for bankruptcy, did you give any gifts and/or contributions with a total value of more than \$600 per person? ☐ Yes ☐ No

If “Yes,” please complete the following:

GIFTS AND/OR CONTRIBUTIONS				
Payment / Gift	Name of Creditor	Address of Creditor	Date(s) of Payment(s)	Amount Paid on Each Date
<i>Example:</i> Auto Loan	Chase Bank	123 Main Street, Anywhere, USA 12345	Date #1 Date #2 Date #3	\$250.00 \$250.00 \$250.00

Within two (2) years before you filed for bankruptcy, did you give any gifts and/or contributions with a total value of more than \$600 to any charity? ☐ Yes ☐ No

If “Yes,” please complete the following:

GIFTS AND/OR CONTRIBUTIONS TO CHARITY				
Payment / Gift	Name of Creditor	Address of Creditor	Date(s) of Payment(s)	Amount Paid on Each Date

CERTAIN LOSSES

Within one (1) year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster or gambling?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If "Yes," was a police report filed?</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," when? _____)
<i>If "Yes," please provide additional details:</i>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Describe the property you lost and how the loss occurred
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Describe any insurance coverage for the loss
	<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 40%;"></div> <div style="text-align: right;">\$ </div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Date of Loss Value of Property Lost </div>

MEDICAL PROCEDURES / SURGERIES

Have you ever had a medical procedure or surgery?	<input type="checkbox"/> No <input type="checkbox"/> Yes												
<i>If "Yes," please specify each procedure and date:</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;"></td> <td style="border-bottom: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="font-size: small;">Medical Procedure / Surgery</td> <td style="font-size: small;">Date (Month / Year)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="font-size: small;">Medical Procedure / Surgery</td> <td style="font-size: small;">Date (Month / Year)</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="font-size: small;">Medical Procedure / Surgery</td> <td style="font-size: small;">Date (Month / Year)</td> </tr> </table>			Medical Procedure / Surgery	Date (Month / Year)			Medical Procedure / Surgery	Date (Month / Year)			Medical Procedure / Surgery	Date (Month / Year)
Medical Procedure / Surgery	Date (Month / Year)												
Medical Procedure / Surgery	Date (Month / Year)												
Medical Procedure / Surgery	Date (Month / Year)												

Within one (1) year before you filed for bankruptcy, did you or anyone else 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

If "Yes," please complete the following:

Name	Address	Description of Property Transferred	Value of Property Transferred	Date of Payment or Transfer	Amount of Payment

Within one (1) year before you filed for bankruptcy, did you sell, trade or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest on your property). Do not include gifts and transfers that you have already listed. ☐ Yes ☐ No

If "Yes," please complete the following:

Name	Address	Description of Property Transferred	Value of Property Transferred	Date of Payment or Transfer	Amount of Payment

Within ten (10) years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices). ☐ Yes ☐ No

If “Yes,” please complete the following:

Name of Trust	Description of Property Transferred	Value of Property Transferred	Date of Transfer

Within one (1) year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved or transferred? ☐ Yes ☐ No

If “Yes,” please complete the following:

Name on Account	Type of Account	Date Closed or Sold or Moved or Transferred

FOR ANY QUESTIONS ON PAGES 1–15 THAT REQUIRED MORE SPACE, PLEASE RESPOND BELOW:

[illegible]

BUSINESS INTERESTS**BUSINESS INTERESTS #1**Do you or your spouse own a business? ☐ No ☐ YesAre you part owner of any business or businesses? ☐ No ☐ Yes*If "Yes," please state the name of the business:* _____

When did you start the business?

Month Year

What type of business?

☐ dba ☐ Corporation ☐ LLC ☐ Sole Proprietorship☐ Partnership ☐ Joint Venture ☐ Other (*specify*): _____

What does the business do?

What is the Employer Identification Number (EIN)?

What position do you hold in the business?

What percentage of the business do you own?

_____%

List all expenses associated with the business:

Average monthly income and expenses of the business?

Income: \$_____ Expenses: \$_____

List all assets owned by the business:

(i.e. A/R, equipment, computers, printer, software, copier, etc.)

List all real property owned by the business:

What do you believe is the value of the business?

\$_____

Have you owned another business in the last 10 years?

☐ No ☐ Yes (*If "Yes," when did it close?* _____)**BUSINESS INTERESTS #2**Do you or your spouse own a business? ☐ No ☐ YesAre you part owner of any business or businesses? ☐ No ☐ Yes*If "Yes," please state the name of the business:* _____

When did you start the business?

Month Year

What type of business?

☐ dba ☐ Corporation ☐ LLC ☐ Sole Proprietorship☐ Partnership ☐ Joint Venture ☐ Other (*specify*): _____

What does the business do?

What is the Employer Identification Number (EIN)?

What position do you hold in the business?

What percentage of the business do you own?

_____%

List all expenses associated with the business:

Average monthly income and expenses of the business?

Income: \$_____ Expenses: \$_____

List all assets owned by the business:

(i.e. A/R, equipment, computers, printer, software, copier, etc.)

List all real property owned by the business:

What do you believe is the value of the business?

\$_____

Have you owned another business in the last 10 years?

☐ No ☐ Yes (*If "Yes," when did it close?* _____)

QUESTIONS ABOUT LOANS

CAR OR TITLE LOAN #1		CAR OR TITLE LOAN #2	
Name of Creditor _____	Account Number _____	Name of Creditor _____	Account Number _____
Description of Collateral _____		Description of Collateral _____	
Date of Loan _____	\$ _____ Amount Owed	Date of Loan _____	\$ _____ Amount Owed
\$ _____ Value of Collateral	_____ % Contract Interest Rate	\$ _____ Value of Collateral	_____ % Contract Interest Rate
\$ _____ Contract Payment	_____ Name of Co-Debtor (if any)	\$ _____ Contract Payment	_____ Name of Co-Debtor (if any)

FURNITURE OR ELECTRONICS		BOAT, RV, TRAILER OR OTHER	
Name of Creditor _____	Account Number _____	Name of Creditor _____	Account Number _____
Description of Collateral _____		Description of Collateral _____	
Date of Loan _____	\$ _____ Amount Owed	Date of Loan _____	\$ _____ Amount Owed
\$ _____ Value of Collateral	_____ % Contract Interest Rate	\$ _____ Value of Collateral	_____ % Contract Interest Rate
\$ _____ Contract Payment	_____ Name of Co-Debtor (if any)	\$ _____ Contract Payment	_____ Name of Co-Debtor (if any)

PRIORITY CLAIMS

CHILD SUPPORT OR ALIMONY	
	<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony
Ex-Spouse Name:	_____
Ex-Spouse Last-Known Address:	_____
	_____, _____
Ex-Spouse Telephone Number:	_____
Date of Most Recent Court Order:	_____
Case Number:	_____
How much is the monthly payment?	\$ _____
Are you current on your payment?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If "No," how much behind? \$ _____)
Name and Age of Child(ren):	1) _____ Age: _____ 2) _____ Age: _____ 3) _____ Age: _____
Name of Father/Mother of Child(ren) (listed above):	1) _____ 2) _____ 3) _____
Residence of Child(ren):	<input type="checkbox"/> Myself <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Other (specify): _____

INTERNAL REVENUE SERVICE

Do you owe the IRS?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes," how much? \$ _____)
Do you have unfiled taxes? (check all unfiled years)	<input type="checkbox"/> 2023 <input type="checkbox"/> 2022 <input type="checkbox"/> 2021 <input type="checkbox"/> 2020 <input type="checkbox"/> 2019 <input type="checkbox"/> 2018 <input type="checkbox"/> 2017 <input type="checkbox"/> 2016 <input type="checkbox"/> 2015 <input type="checkbox"/> 2014 <input type="checkbox"/> 2013 <input type="checkbox"/> 2012

UNSECURED DEBT				
Type of Debt	Amount Owed	Are they deducting from your bank account?	Is this a community debt?	Do you owe this debt?
Credit Card (_____)	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Payday Loans (_____)	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Medical Bills (_____)	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Student Loans (_____)	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other (_____)	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

LEASES AND EXECUTORY CONTRACTS					
Type of Lease	Name of Landlord	Payments Current? If No, # of Months Behind?	Monthly Amount Paid	Number of Months Remaining	Total Amount of Lease
Rental Lease		<input type="checkbox"/> Yes <input type="checkbox"/> No (_____)	\$ _____		\$ _____
Office Lease		<input type="checkbox"/> Yes <input type="checkbox"/> No (_____)	\$ _____		\$ _____
Vehicle Lease		<input type="checkbox"/> Yes <input type="checkbox"/> No (_____)	\$ _____		\$ _____
Cell Phone Lease		<input type="checkbox"/> Yes <input type="checkbox"/> No (_____)	\$ _____		\$ _____
Storage Space		<input type="checkbox"/> Yes <input type="checkbox"/> No (_____)	\$ _____		\$ _____
List all items in the storage space:					
Safe Deposit Box		<input type="checkbox"/> Yes <input type="checkbox"/> No (_____)	\$ _____		\$ _____
List all items in the safe deposit box:					
Rent to Own (i.e. Aaron's)		<input type="checkbox"/> Yes <input type="checkbox"/> No (_____)	\$ _____		\$ _____
Other (specify): _____		<input type="checkbox"/> Yes <input type="checkbox"/> No (_____)	\$ _____		\$ _____

CO-DEBTORS			
Type of Loan	Name of Co-Signer	Address of Co-Signer	Amount Remaining to be Paid
Car Loan			\$ _____
Student Loan			\$ _____
Home Loan			\$ _____
Other (specify): _____			\$ _____

LIST ALL PROPERTY OR ITEMS THAT YOU GAVE AWAY IN THE LAST 2 YEARS

Name of Person	Address of Person	Date Property or Item Given	Description of Property or Item

LIST ALL ACCOUNTS THAT YOU CLOSED IN THE LAST 12 MONTHS

Type of Account	Institution <i>(i.e. Bank of America)</i>	Account Number	Date Closed

MONTHLY INCOME**OCCUPATION OF DEBTOR*****Primary Job***

Occupation

How Long?

Employer Name

Employer Mailing Address

City State Zip

Employer Telephone

Secondary / Part-Time Job

Occupation

How Long?

Employer Name

Employer Mailing Address

City State Zip

Employer Telephone

OCCUPATION OF SPOUSE / JOINT DEBTOR***Primary Job***

Occupation

How Long?

Employer Name

Employer Mailing Address

City State Zip

Employer Telephone

Secondary / Part-Time Job

Occupation

How Long?

Employer Name

Employer Mailing Address

City State Zip

Employer Telephone

SOURCES OF MONTHLY INCOME			
Source	Debtor and Spouse (complete for both)	How often are payments received?	What is the amount of <u>each</u> payment?
Paycheck—Primary Job	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Paycheck—Secondary Job	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Self-Employment	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Business Income	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Rental Income	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Interest / Dividends	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Family Contribution	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Alimony / Support	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Government Assistance (i.e. food stamps)	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Social Security	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Disability	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Unemployment	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Retirement / Pension	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
Other (specify): _____ _____	<input type="checkbox"/> Debtor	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$
	<input type="checkbox"/> Spouse	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	\$

INCOME CHANGES	
Do you think that your income will change in the next 6 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If "Yes," please explain why your income will change. Please be sure to note if your income will go up or down.</i>	_____

MONTHLY EXPENSES	
Type of Expense	Amount Paid each Month
Rent or Mortgage Payment:	Total Payment: \$_____
	Property Taxes: \$_____ Insurance: \$_____
Homeowners Association:	Monthly: \$_____ Annually: \$_____
Light Bill:	\$_____
Water Bill:	\$_____
Home Gas Bill:	\$_____
Cable TV:	\$_____
Internet:	\$_____
Telephone:	Home: \$_____ Wireless: \$_____
Home Maintenance (i.e. lawn service, pest control):	\$_____
Food (include groceries and dining out):	\$_____
Household Items (i.e. laundry detergent, cleaning supplies):	\$_____
Personal Care Items (i.e. shampoo, toothpaste):	\$_____
Clothing:	Average: \$_____ Dry Cleaning: \$_____
Medical, Health and Dental Insurance:	<input type="checkbox"/> Medical \$_____ <input type="checkbox"/> Dental \$_____ <input type="checkbox"/> Prescriptions \$_____ <input type="checkbox"/> Other \$_____
Out-of-Pocket Health / Medical / Dental Expenses:	\$_____
Recreation / Entertainment:	\$_____
Charitable Donations:	\$_____
Child Care:	\$_____
Child Support / Alimony:	Child Support: \$_____ Alimony: \$_____
Car Payment:	Car #1: \$_____ Car #2: \$_____
Car Maintenance (including tolls/EZ Tag):	Car #1: \$_____ Car #2: \$_____
Gasoline:	Car #1: \$_____ Car #2: \$_____
Auto Insurance:	Car #1: \$_____ Car #2: \$_____
Gym / Fitness Membership:	\$_____
Pet Food & Supplies (including medical expenses):	\$_____
Other (specify):_____	\$_____

FOR ANY QUESTIONS ON PAGES 16–23 THAT REQUIRED MORE SPACE, PLEASE RESPOND BELOW:	
Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$