



ATTORNEYS AT LAW

**BANKRUPTCY HOMEWORK PACKET**

**CLIENT INFORMATION**

<b>Primary Debtor</b> <input type="checkbox"/> Male <input type="checkbox"/> Female				<b>Spouse / Joint Debtor</b> <input type="checkbox"/> Male <input type="checkbox"/> Female			
_____ Last	_____ First	_____ Middle	_____ Jr./Sr.	_____ Last	_____ First	_____ Middle	_____ Jr./Sr.
_____ Home Address				_____ Home Address			
_____ City	_____ State	_____ Zip	_____ County	_____ City	_____ State	_____ Zip	_____ County
_____ Mailing Address (if different from Home Address)				_____ Mailing Address (if different from Home Address)			
_____ City	_____ State	_____ Zip	_____ County	_____ City	_____ State	_____ Zip	_____ County
_____ 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	

**CONTACT DETAILS**

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

**ALIASES / OTHER NAMES USED IN THE LAST 8 YEARS**

<b>Primary Debtor</b>		<b>Spouse / Joint Debtor</b>	
_____ Alias / Other Name	_____ Date(s) Used	_____ Alias / Other Name	_____ Date(s) Used
_____ Alias / Other Name	_____ Date(s) Used	_____ Alias / Other Name	_____ Date(s) Used

**DBA'S USED IN THE LAST 8 YEARS**

<b>Primary Debtor</b>		<b>Spouse / Joint Debtor</b>	
_____ DBA	_____ Date(s) Used	_____ DBA	_____ Date(s) Used
_____ DBA	_____ Date(s) Used	_____ DBA	_____ Date(s) Used

## FILING INFORMATION

**Please Check:**    Individual    Joint    Partnership   **My debts are:**    Non-Business (Consumer)  
 Other (*specify*) \_\_\_\_\_    Business

**Marital Status:**    Single    Married    Divorced    Widowed    Life Partner    Common Law    Engaged  
*If married, please complete Spouse / Joint Debtor sections, even if your spouse is not filing.*  
*If married, do you and your spouse maintain separate households?*    Yes    No

**Have you lived at your current address for at least the past 180 days?**    Yes    No  
*If no, please list prior address(es) and dates at those addresses:* \_\_\_\_\_  
\_\_\_\_\_

**Reason for interest in filing for bankruptcy (*check all that apply*):**  
 Foreclosure    Repossession    Credit Cards    Medical Bills    Other: \_\_\_\_\_

**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?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Have you and your spouse filed taxes for the last 3 years?**    Yes    No  
*If no, what years were unfiled?* \_\_\_\_\_

**Income before taxes for the last 3 years and year-to-date for this year:**  
2017: \$ \_\_\_\_\_ 2018: \$ \_\_\_\_\_ 2019: \$ \_\_\_\_\_ 2020 (Year-to-date): \$ \_\_\_\_\_

## PEOPLE YOU SUPPORT

Name of Dependents <i>(i.e., children, parents, grandchildren, etc.)</i>	Age	Relationship	Is the dependent living with you?
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
4)			<input type="checkbox"/> No <input type="checkbox"/> Yes
5)			<input type="checkbox"/> No <input type="checkbox"/> Yes
6)			<input type="checkbox"/> No <input type="checkbox"/> Yes
7)			<input type="checkbox"/> No <input type="checkbox"/> Yes

**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.*

ITEMS THAT YOU OWN			
Accounts	Institution <i>(i.e. Bank of America)</i>	Value <i>(i.e. \$500)</i>	Is anyone other than you listed on the account?
Checking Account		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
Checking Account #2		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
Savings Account		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
Savings Account #2		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
Online Account <i>(i.e. PayPal, Venmo, etc.)</i>		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
Online Account #2 <i>(i.e. PayPal, Venmo, etc.)</i>		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any cash not in an Account		\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
CD's/Money Market Account		\$	<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 Other Accounts Your Name is On (specify):</u> _____		\$	<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		\$	

Household Goods and Furnishings	How Many?	Value <i>(i.e. \$300)</i>	Ownership <i>(i.e. 50%)</i>	Do you owe money on the items?
Cell Phone & Accessories		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Tablet & Accessories <i>(i.e. iPad, Surface, Kindle, etc.)</i>		\$	%	<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>(i.e. Xbox, etc.)</i>		\$	%	<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>(i.e. Beats Pill, Apple Home Pod, etc.)</i>		\$	%	<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 (\$_____)

<b>Household Goods and Furnishings</b>	<b>How Many?</b>	<b>Value</b> <i>(i.e. \$300)</i>	<b>Ownership</b> <i>(i.e. 50%)</i>	<b>Do you owe money on the items?</b>
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 Tables		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Lamps		\$	%	<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>(i.e. toaster oven, blender, Keurig, etc.)</i>		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Dishware <i>(i.e. pots, pans, dishes, servingware)</i>		\$	%	<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 (\$_____)
Bathroom Items <i>(i.e. plunger)</i>		\$	%	<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>(i.e. sheets, towels)</i>		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Sports Equipment <i>(i.e. basketball and goal, golf clubs, etc.)</i>		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Hobby Equipment <i>(i.e. sewing machine, craft supplies, etc.)</i>		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Other <i>(specify):</i> _____		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)

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

<b>Clothing, Jewelry and Firearms</b>	<b>How Many?</b>	<b>Value</b> <i>(i.e. \$300)</i>	<b>Ownership</b> <i>(i.e. 50%)</i>	<b>Do you owe money on the items?</b>
Everyday Clothes / Apparel		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Designer Clothes / Apparel		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)
Accessories <i>(i.e. hat, scarf, gloves)</i>		\$	%	<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 <i>(all eye, reading and sunglasses, prescription or not)</i>		\$	%	<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 <i>(specify):</i> _____		\$	%	<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 <i>(specify):</i> _____		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)

<b>Motorcycles, Trailers and Boats</b>	<b>How Many?</b>	<b>Value</b> <i>(i.e. \$300)</i>	<b>Ownership</b> <i>(i.e. 50%)</i>	<b>Do you owe money on the items?</b>
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 <i>(specify):</i> _____		\$	%	<input type="checkbox"/> No <input type="checkbox"/> Yes (\$_____)

<b>Investments and Insurance Policies</b>	<b>Institution</b> <i>(i.e. Bank of America)</i>	<b>Value</b> <i>(i.e. \$500)</i>	<b>Ownership</b> <i>(i.e. 50%)</i>
Annuities		\$	%
401(k) or Retirement Account		\$	%
Pension Plans		\$	%
Stocks (Name of Company: _____)		\$	%
Interest in any Business		\$	%
Bonds		\$	%
Insurance Policy (cash out value)		\$	%
Franchises / Licenses		\$	%
Patents / Copyrights		\$	%
Other <i>(specify):</i> _____		\$	%

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

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

<b>Amounts Owed to You</b>	<b>Years</b> <i>(i.e. 2018, 2019)</i>	<b>Value</b> <i>(i.e. \$300)</i>	<b>Ownership</b> <i>(i.e. 50%)</i>
Tax Refund		\$	%
Child Support		\$	%
Alimony		\$	%
Unpaid Wages or Loans		\$	%
Judgments or Settlements		\$	%
Other <i>(specify)</i> : _____		\$	%

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

<b>INTELLECTUAL PROPERTY</b>			
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

REPOSSESSIONS / FORECLOSURES					
Description of the Property	Creditor	What Happened to the Property?		Date	Total Value <i>(i.e. \$300)</i>
		<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		\$

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

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>	_____ Describe the property you lost and how the loss occurred  _____ Describe any insurance coverage for the loss  _____ Date of Loss <span style="float: right;">\$ _____</span> <span style="float: right;">Value of Property Lost</span>

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>	_____ Medical Procedure / Surgery <span style="float: right;">Date (Month / Year)</span>  _____ Medical Procedure / Surgery <span style="float: right;">Date (Month / Year)</span>  _____ Medical Procedure / Surgery <span style="float: right;">Date (Month / Year)</span>

**FOR ANY QUESTIONS ON PAGES 1–7 THAT REQUIRED MORE SPACE, PLEASE RESPOND BELOW:**

Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$



**REAL PROPERTY: HOMES, LOTS, BURIAL PLOTS AND TIMESHARES**

<b>HOMESTEAD</b> <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: \$ _____

<b>SECOND LIEN ON HOMESTEAD</b> <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: \$ _____

<b>OTHER REAL PROPERTY</b> (Rental Property, Burial Plot, Empty Lot, Timeshares)	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								
Make	Model	Year	Mileage	Month/Year Purchased	How much is left to pay off?	Value	% Ownership	Title Loan
<b>EXAMPLE:</b>								
Chevrolet	Malibu	2011	105,100	02/2012	\$7,000	\$7,500	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			
<i>Example:</i> Fair condition, needs some repairs, but still running.	1)	2)	3)

**BUSINESS INTERESTS**

**BUSINESS INTERESTS #1**

Do you or your spouse own a business?  No  Yes      Are 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  Yes      Are 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**

<b>CAR OR TITLE LOAN #1</b>	<b>CAR OR TITLE LOAN #2</b>
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) _____

<b>FURNITURE OR ELECTRONICS</b>	<b>BOAT, RV, TRAILER OR OTHER</b>
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**

<b>CHILD SUPPORT OR ALIMONY</b>	<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"/> 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 <input type="checkbox"/> 2011 <input type="checkbox"/> 2010 <input type="checkbox"/> 2009 <input type="checkbox"/> 2008

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

PENDING LAWSUITS			
Type of Lawsuit	Case Number	Court	Name of Your Attorney
Credit Card			
Tax			
Debt			
Medical			
Family			
Other (specify): _____			

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 (____)	\$ _____		\$ _____
<i>List all items in the storage space:</i>					
Safe Deposit Box		<input type="checkbox"/> Yes <input type="checkbox"/> No (____)	\$ _____		\$ _____
<i>List all items in the safe deposit box:</i>					
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 PAYMENTS AND/OR GIFTS OVER \$600 PAID TO ANYONE WITHIN THE LAST 3 MONTHS**

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

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

Name of Person	Address of Person	Date(s) 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 9-17 THAT REQUIRED MORE SPACE, PLEASE RESPOND BELOW:**

Description	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$