

Last Name _____

First Name _____

SSN _____

Birthdate _____

Are you known by any other name? _____

Street Address _____

City _____

State, Zip Code _____

Home Telephone _____

Mobile Phone _____

Business Phone _____

Email Address _____

Length of time at current address: _____

How long have you lived in your state? _____

Mailing Address (if different) _____

City _____

State, Zip Code _____

Present Occupation _____

Name of Employer _____

Address _____

City _____

State, Zip Code _____

How long have you worked here? _____

Marital Status _____

Name of Spouse _____

Street Address _____

City _____

State, Zip Code _____

Birthdate _____

SSN _____

Number of Financial Dependents _____

Name	Relationship	Birthdate	Address

Have you ever been bankrupt in the past? Yes _____ No _____

If yes, what was the filing date? _____

Location _____

Date of discharge _____

Is there a copy available? Yes _____ No _____

If yes, please provide copy.

Have you been self-employed in the last 5 years? Yes _____ No _____

If yes, please provide:

Business Name _____

City _____

State, Zip Code _____

Nature of Business _____

Please select one: Proprietorship Partnership Limited Company

Period of Operation _____

What happened to the business? _____

Where are the books and records? _____

Names of Partners? _____

Are you an officer or director of a limited company? _____

If yes, please give details: _____

Table 1: Monthly income Estimated After Bankruptcy Petition is Filed

Net Employment Income	
Net Earnings of Spouse	
Net Pensions/Annuities	
Net Child Support	
Other Net Income	
Child Tax Benefit	
Net Spousal Support	
Net Unemployment Benefits	
Net Social Insurance	
Self Employment	Gross: Net:
Total Monthly Income	

Table 2: Monthly Non-Discretionary Expenses Estimated After Petition if Filed

Child Support Payments	
Spousal Support Payments	
Child Care	
Medical Condition Expenses	
Fines/Penalties Imposed by Court	
Expenses as a Condition of Employment	
Debts where stay has been lifted	
Other	
Total Monthly Non-Discretionary Expenses	

Table 3: Monthly Discretionary Expenses Estimated After Petition is Filed

Housing Expenses

Rent/Mortgage	
Property Taxes/Condo Fees	
Heating/Gas/Oil	
Telephone	
Cable	
Hydro	
Water	
Furniture	
Other	
Total Housing Expenses	

Personal Expenses

Smoking	
Alcohol	
Dining/Lunches/Restaurants	
Entertainment/Sports	
Gifts/Charitable Donations	
Allowances	
Other	
Total Personal Expenses	

Medical Expenses

Prescriptions	
Dental	
Other	
Total Medical Expenses	

Living Expenses

Food/Grocery	
Laundry/Dry Cleaning	
Grooming/Toiletries	
Clothing	
Other	
Total Living Expenses	

Transportation Expenses

Car Lease/Payments	
Repairs/Maintenance/Gas	
Public Transportation	
Other	
Total Transportation	

Insurance Expenses

Vehicle	
House	
Furniture/Contents	
Life Insurance	
Other	
Total Insurance Expenses	

Other Payments

To other secured creditors (other	
Other	
Total Payments	

Total Housing Expenses	
Total Personal Expenses	
Total Medical Expenses	
Total Living Expenses	
Total Transportation Expenses	
Total Insurance Expenses	
Total Other Payments	
Total Monthly Discretionary Expenses	

Total Monthly Income (table 1)	
Total Monthly Non-Discretionary Expenses (table 2)	
Total Monthly Discretionary Expenses (table 3)	
TOTAL	

Table 4: Assets

Assets Description	Location	Best Estimate of Value
Cash on Hand/In Bank		
Household Furniture		
Retirement/Savings Plans		
Loans Due to You		
Cash Surrender Value of Insurance Policies		
Savings Plans/Bonds		
Clothing/Medical Aids		
Jewelry		
Stocks/Shares		
Estimated Tax Refund		
Collectibles (Stamps, etc.)		
House/Cottage/Land		
Mobile Home		
Automobile Serial Number:		
Motorcycle Serial Number:		
Other Motorized Vehicle		
Boat/Trailer		
Other Assets		

List all Debts, including secured debts and utilities:

Creditor's Name _____

Address _____

City, State, Zip _____

Account Number _____

Amount Owed _____

Creditor's Name _____

Address _____

City, State, Zip _____

Account Number _____

Amount Owed _____

Creditor's Name _____

Address _____

City, State, Zip _____

Account Number _____

Amount Owed _____

Creditor's Name

Address

City, State, Zip

Account Number

Amount Owed

Creditor's Name

Address

City, State, Zip

Account Number

Amount Owed

Creditor's Name

Address

City, State, Zip

Account Number

Amount Owed

Creditor's Name _____

Address _____

City, State, Zip _____

Account Number _____

Amount Owed _____

Are any of these debts a result of your guarantee or co-signing? Yes_____ No_____

If Yes, Please Indicate:

Lender's Name _____

Lender's Address _____

Amount _____

Borrower's Name _____

Borrower's Address _____

Is Borrower Bankrupt? Yes_____ No_____

Within the last 12 months, have you sold,
disposed of or transferred any of your assets? Yes_____ No_____

If Yes: Description of Asset _____

Date Disposed _____

To Whom _____

Proceeds _____

Disposition of Proceeds _____

Within the last 12 months, have you made payments

in excess of regular payments to any creditor? Yes_____ No_____

If yes, please indicate:

Creditor's name: _____

Account number _____

Date of extra payment _____

Amount of extra payment _____

Within the last 12 months, have you had any

assets seized by a creditor? Yes_____ No_____

If yes, please indicate:

Asset seized _____

Date seized _____

Name of party seized by _____

Was this party a secured creditor? _____

Form of security? _____

Do you expect to receive any sums of money,
or any other property within the next 12 months? _____

If yes, please explain: _____

Please list the banks/financial institutions you are dealing with:

Bank _____

Address _____

City _____

State, Zip _____

Amount currently in account _____

Do you have a safety deposit box? Yes _____ No _____

If yes, please indicate:

Name of bank _____

Contents _____

Does anyone owe you money? Yes _____ No _____

If yes, please explain: _____
