



**Do you have a 2nd mortgage or home equity line of credit?** Yes No

If yes, who is the mortgage holder? \_\_\_\_\_

Approximate balance due? \$ \_\_\_\_\_ Monthly payment? \$ \_\_\_\_\_

Are you behind on your payments? Yes No (\_\_\_\_ months)

**Do you own any land besides the land your house is on?** Yes No

Location: \_\_\_\_\_ Acres: \_\_\_\_\_ Total market value: \$ \_\_\_\_\_

**Is this other land mortgaged?** Yes No Mortgage Holder? \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_ Payment? \$ \_\_\_\_\_

Are you behind on the payments? Y N (circle one) Keep Surrender (circle one)

**We need to know about your personal property and possessions**

**Please list all vehicles you own or lease (whether or not they are working)**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Lease Buying Own (circle one) Do you have the title? YES NO

Approximate mileage: \_\_\_\_\_ Condition of vehicle: Excellent/Fair/Poor-not running

Name and address of Finance Co.: \_\_\_\_\_

When purchased? \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_ Approximate payoff ? \$ \_\_\_\_\_

Behind on your payments? Yes No (How many months? \_\_\_\_\_ Keep Surrender (circle one)

**2<sup>nd</sup> Vehicle:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ VIN: \_\_\_\_\_

Lease Buying Own (circle one) Do you have the title? YES NO

Name and address of Finance Co.: \_\_\_\_\_

When purchased? \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_ Approximate payoff ? \$ \_\_\_\_\_

Approximate mileage: \_\_\_\_\_ Condition of vehicle: Excellent/Fair/Poor-not running

Behind on your payments? Yes No (How many months? \_\_\_\_\_ Keep Surrender (circle one)

**PLEASE LIST ANY OTHER VEHICLES YOU OWN ON A SEPARATE SHEET OF PAPER. PLEASE ANSWER THE ABOVE QUESTIONS FOR EVERY VEHICLE INCLUDING MOTORCYCLES, BOATS, MOTORS AND TRAILERS**

**Are you paying for any furniture or appliances that you bought on credit?** Yes/No

Name and Address of Creditor: \_\_\_\_\_

Balance due: \$ \_\_\_\_\_ Monthly Pmt \$ \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Description of items purchased: \_\_\_\_\_

Behind on your payments: Y N (\_\_\_\_ Months) Do you plan to: Keep Surrender (circle one)

**PLEASE LIST ANY OTHER FURNITURE PURCHASE ACCOUNTS ON A SEPARATE SHEET OF PAPER. PLEASE ANSWER THE ABOVE QUESTIONS FOR EVERY ACCOUNT**

**Do you have a bank account?** Checking Acct #: \_\_\_\_\_ Savings Acct #: \_\_\_\_\_

Name(s) on the account? \_\_\_\_\_ Bank: \_\_\_\_\_

**PLEASE LIST ANY OTHER BANK ACCOUNTS ON A SEPARATE SHEET OF PAPER. PLEASE ANSWER THE ABOVE QUESTIONS FOR EVERY BANK ACCOUNT**

**Retirement/401(K) plan?** (Circle One) Yes No Who with: \_\_\_\_\_ Value \$ \_\_\_\_\_

**Do You have a loan against your 401(k)?** Yes No Please explain how much and how you are paying it back.

(i.e. through employer, weekly payments of \$ ). \_\_\_\_\_

(Please provide us with your loan documents).

**Life Insurance?** If yes, what company? \_\_\_\_\_

Policy #: \_\_\_\_\_ Value \$ \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Could you cash it in? Y N For how much? \$ \_\_\_\_\_

**Have you filed your income tax returns for this year?** Yes No

a. When? \_\_\_\_\_ b. Amount of refund \$ \_\_\_\_\_

**If you have not filed, please tell us why.** If you owe the IRS please give us the following information:

What years: \_\_\_\_\_ Balance owed for each year: \$ \_\_\_\_\_

(Please provide us with documentation from the IRS.)

**Please tell us about other property you own that is not financed:**

Furniture: \_\_\_\_\_  
(Quantity) TV \_\_\_\_\_ VCR \_\_\_\_\_ Stereo/Radio \_\_\_\_\_ DVD Player \_\_\_\_\_ CD Player \_\_\_\_\_

Guns/hobby equipment: \_\_\_\_\_ Value: \$ \_\_\_\_\_

(Please be specific when listing any firearms with brand, type, .ga, etc. Use another sheet if necessary)

Furs/Jewelry \_\_\_\_\_ Value: \$ \_\_\_\_\_

Stocks/Bonds/Safe Deposit Boxes? (Please list, include location and Value: \_\_\_\_\_)

**Have you had any closed bank accounts within the last year?** Yes No

1. Name and address of financial institution: \_\_\_\_\_

2. Checking/Savings Acct #: \_\_\_\_\_

3. Balance before closing and date of closing: \_\_\_\_\_

**Sold or given away any property or put any property in someone else's name in the last 6 years?** Yes No

Describe the property \_\_\_\_\_

Name and address of the person you sold or gave the property to: \_\_\_\_\_

Date: \_\_\_\_\_ Amt Received: \$ \_\_\_\_\_ Value of Property: \$ \_\_\_\_\_

**Do you have any property of any kind in your possession that belongs to someone else?** YES NO

Please describe \_\_\_\_\_

Name and address of owner \_\_\_\_\_

**Have you given any property to anyone to hold for you while you go through bankruptcy?** YES NO

Describe \_\_\_\_\_ Value \$ \_\_\_\_\_

Name and address of holder \_\_\_\_\_

**Do you have any claims against any insurance company because you were in a car accident, had an on-the-job injury, or other lawsuit for which you have hired a lawyer to get you money?** YES NO

Name & address of attorney: \_\_\_\_\_

**Have you received any money from any insurance company from lawsuits, automobile wreck or workers comp claims in the last six months?** Y N Amount received \$ \_\_\_\_\_

### **Section III (Description of Main Debts)**

OTHER THAN THE HOME LOAN OR CAR LOAN YOU HAVE ALREADY TOLD US ABOUT,  
WHAT IS YOUR MAIN DEBT PROBLEM? (CHECK ALL THAT APPLY)

CREDIT CARDS Total credit card debt? \$ \_\_\_\_\_

MEDICAL BILLS Total medical bill debt? \$ \_\_\_\_\_ (Provide the bills from your medical providers)

OTHER (Please describe) \_\_\_\_\_

STUDENT LOANS Balance \_\_\_\_\_

Do you owe any child support/alimony? Yes No

If current, please tell us your monthly payment \$ \_\_\_\_\_

If behind, please tell us: Amount owed: \$ \_\_\_\_\_ How many months behind? \_\_\_\_\_

Name and address of who you are sending payments to: \_\_\_\_\_

Has anyone co-signed for you on any of your debts? Yes No

Name and address of co-signer: \_\_\_\_\_

Is the co-signer a relative? YES/NO Balance due on Debt: \_\_\_\_\_

Name and address of creditor: \_\_\_\_\_

Have you had any property repossessed? Yes No

Description of property: \_\_\_\_\_

Date of repossession: \_\_\_\_\_ Value of property: \$ \_\_\_\_\_ Value sold at: \$ \_\_\_\_\_

Who received property: \_\_\_\_\_ Address: \_\_\_\_\_

Amount of deficiency balance: \$ \_\_\_\_\_

**Do you currently have any judgments, lawsuits pending or papers served?** Yes No (If yes, please provide us with the paperwork.)

What is the lawsuit about?: \_\_\_\_\_

County: \_\_\_\_\_ When were you served with a summons? \_\_\_\_\_

#### **Section IV (Employment/Income/Dependents)**

(A) **If you are currently employed**, tell us where you work: \_\_\_\_\_

Job Title: \_\_\_\_\_ How long: \_\_\_\_\_ Approx take home pay: \$ \_\_\_\_\_

How often are you paid? Monthly/bi-monthly/weekly/bi-weekly/other

(B) **Tell us where your spouse is employed?** \_\_\_\_\_

Job Title: \_\_\_\_\_ How long: \_\_\_\_\_ Approx take home pay: \$ \_\_\_\_\_

How often is your spouse paid? Monthly/bi-monthly/weekly/bi-weekly/other:

(C) **If unemployed please tell us:** When you became unemployed: \_\_\_\_\_ Do you collect unemployment?

Yes No How much? \$ \_\_\_\_\_ When will your unemployment end? \_\_\_\_\_

(Please provide us with documentation of beginning and ending of your unemployment benefits.)

PLEASE NOTE THAT IF YOU OR YOUR SPOUSE ARE SELF-EMPLOYED, YOU WILL NEED TO ATTACH YOUR PREVIOUS SIX MONTH'S INCOME STATEMENT AND COMPLETE A BUSINESS INCOME/EXPENSE SHEET (CALL OUR OFFICE TO OBTAIN ONE.)

(C) Do you have any dependents/children living in the home? Yes/No

SON DAUGHTER: Age: \_\_\_\_\_ SON DAUGHTER: Age: \_\_\_\_\_

SON DAUGHTER: Age: \_\_\_\_\_ SON DAUGHTER: Age: \_\_\_\_\_

(D) Please check any of these that you receive and tell us how much per month you get:

\_\_\_ Child support: \$ \_\_\_\_\_ Alimony: \$ \_\_\_\_\_

\_\_\_ Social Security \$ \_\_\_\_\_ Disability \$ \_\_\_\_\_

\_\_\_ Retirement/Pension \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_

\_\_\_ Rental income \$ \_\_\_\_\_ (For what property? \_\_\_\_\_)

#### **Section V. (Monthly Living Expenses)**

Rent/mortgage payment: \$ \_\_\_\_\_

Taxes Included? YES/NO \$ \_\_\_\_\_

Insurance Included? YES/NO \$ \_\_\_\_\_

Home maintenance: \$ \_\_\_\_\_

Utilities: Electricity/heating fuel: \$ \_\_\_\_\_ Water & sewer: \$ \_\_\_\_\_

Phone/CellPhone/Cable/Internet: \$ \_\_\_\_\_

Food/Groceries: \$ \_\_\_\_\_

Clothing: \$ \_\_\_\_\_

Laundry/Dry cleaning: \$ \_\_\_\_\_

Medical/Dental: \$ \_\_\_\_\_ (NOT INCLUDING INSURANCE PAYMENTS)

Transportation (gas) \$ \_\_\_\_\_

Entertainment: \$ \_\_\_\_\_  
Other Insurance: Auto: \$ \_\_\_\_\_  
Life (not taken out at work) \$ \_\_\_\_\_  
Health insurance: \$ \_\_\_\_\_  
Day care: \$ \_\_\_\_\_  
Charitable Contributions: \$ \_\_\_\_\_  
Lot Rent: \$ \_\_\_\_\_  
School/Education \$ \_\_\_\_\_  
Other expenses not listed above: \_\_\_\_\_

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Please explain any changes in your living situation, expenses and income that you know are going to take place in the next three to six months: \_\_\_\_\_

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Please give us any other information that you might feel is pertinent to your bankruptcy.