

# Ferguson Hayes Hawkins, PLLC

45 Church Street

P.O. Box 444

Concord, North Carolina 28026-0444

Telephone: (704) 788-3211

## Debt Management Worksheet

### Chapter 13/Chapter 7

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**Attorney Use Only:**

**District:** Western/Middle

**Chapter:** 13/7

**Atty Fee Quoted:** Standard/\_\_\_\_\_

**Appraisal:** Yes/No

**Addtl Notes:**

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**We are a debt relief agency. We assist in filing personal debt management plans and where applicable bankruptcy petitions.**

Please note that our office will retain the worksheet upon completion of the free consultation. We hold all worksheets for a period of 3 months and then all information is shredded. If you desire a copy of your worksheet you should make one prior to your office conference. If you decide to file and it has been more than 3 months since your consultation, it will be necessary for you to complete a new worksheet.



**HAS A BANKRUPTCY CASE BEEN FILED BY YOU IN THE LAST 8 YEARS?**

no  yes

If yes, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_, Date Filed: \_\_\_\_\_

Status of Case: \_\_\_\_\_

**ARE YOU CURRENTLY INVOLVED IN ANY BANKRUPTCY CASE?**

no  yes

If yes, name of debtor: \_\_\_\_\_, Relationship to you: \_\_\_\_\_

Case Number: \_\_\_\_\_, Date Filed: \_\_\_\_\_ Judge: \_\_\_\_\_

In which district of which state was the case filed? \_\_\_\_\_

**Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?**

no  yes (If yes, please attach a list and description of the property)

**If you rent your home, has your landlord filed a lawsuit against you or does a landlord hold a judgment against you?**

no or n/a  yes

If yes, please provide the name and address of the landlord

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Are you behind on child support, post separation support or alimony obligations:**

no  yes, If so, how much? \_\_\_\_\_

Name of recipient: \_\_\_\_\_

Address: \_\_\_\_\_

**Have you filed all required tax returns?**

yes  no, If no, which years are due to be filed? \_\_\_\_\_

**Have you made purchases or taken cash advances totaling more than \$550 within the last 90 days?**

no  yes, If so, how much and to which creditor? \_\_\_\_\_

**Do you owe money to a bank at which you have a checking, savings or other deposit account?**

no  yes, If so, we would suggest that prior to filing bankruptcy you close any deposit accounts currently housed with banks to whom you owe money. Failure to do so, can result in the bank taking money from your account without your permission. You can open a new account, and not have this worry, so long as you do not owe money to the new bank! \_\_\_\_\_ (please initial)

# Real Property

List all real property that you own or are a joint owner of. This includes property that is paid for or that you still owe money on. Use H for husband, W for wife or J for joint ownership. Burial Plots and Time Shares are real property.

\*\* Provide a copy of the Deed (not deed of trust) and Mortgage Statement\*\*

<b>Description of Property:</b> <u>include # of bed rooms, # of bath rooms, type of siding, and amount of acreage of lot and address if not your residence</u>	<b>Who owns this property</b> Debtor, Co-Debtor or joint	<b>Who do you owe?</b> List name and Address of Lienholder And information requested for each mortgage
<p><b>RESIDENCE DESCRIPTION:</b> (circle one) Single Family Condo Duplex Manufactured or Mobile Home</p> <p><b>MARKET VALUE:</b> (what do you think the property is worth?) _____</p> <p><b>TAX VALUE:</b> (what does the tax assessor say the property is worth?) _____</p>		<p><b>1<sup>st</sup> Mortgage:</b>                      Name: _____ Balance: _____                      Address: _____                      _____                      Account No: _____                      Date Incurred: _____                      Monthly Payment: _____ Amount of Arrears: _____                      Who is responsible for this debt?                      Debtor, Co-debtor, or Joint _____                      Are taxes included in mortgage payment? <input type="checkbox"/> no <input type="checkbox"/> yes                      Is Insurance included in mortgage payment? <input type="checkbox"/> no <input type="checkbox"/> yes</p> <p><b>2<sup>nd</sup> Mortgage:</b>                      Name: _____ Balance: _____                      Address: _____                      _____                      Account No: _____                      Date Incurred: _____                      Monthly Payment: _____ Amount of Arrears: _____                      Who is responsible for this debt?                      Debtor, Co-debtor, or Joint _____                      Are taxes included in mortgage payment? <input type="checkbox"/> no <input type="checkbox"/> yes                      Is Insurance included in mortgage payment? <input type="checkbox"/> no <input type="checkbox"/> yes</p>
<p><b>OTHER REAL PROPERTY DESCRIPTION:</b> (circle one) Single Family Condo Duplex Manufactured or Mobile Home Land</p> <p><b>MARKET VALUE:</b> _____</p> <p><b>TAX VALUE:</b> _____</p>		<p><b>1<sup>st</sup> Mortgage:</b>                      Name: _____ Balance: _____                      Address: _____                      _____                      Account No: _____                      Date Incurred: _____                      Monthly Payment: _____ Amount of Arrears: _____                      Who is responsible for this debt? H, W or J _____                      Are taxes included in mortgage payment? <input type="checkbox"/> no <input type="checkbox"/> yes                      Is Insurance included in mortgage payment? <input type="checkbox"/> no <input type="checkbox"/> yes</p> <p><b>2<sup>nd</sup> Mortgage:</b>                      Name: _____ Balance: _____                      Address: _____                      _____                      Account No: _____                      Date Incurred: _____                      Monthly Payment: _____ Amount of Arrears: _____                      Who is responsible for this debt? H, W or J _____                      Are taxes included in mortgage payment? <input type="checkbox"/> no <input type="checkbox"/> yes                      Is Insurance included in mortgage payment? <input type="checkbox"/> no <input type="checkbox"/> yes</p>

## Vehicles

LIST ALL AUTOMOBILES owned in individual or joint names and provide the requested information List any vehicles including cars, trucks, motorcycles, boats, trailers, aircraft etc.

\*\*Provide title or registration, printout from NADA website and sales contract\*\*

YEAR/MAKE/ MODEL OF VEHICLE	Who owns this property Debtor, Co- Debtor or joint	Who do you owe? List name and Address of Lienholder And information requested for each vehicle
Year Make Model  MILEAGE: _____  NADA VALUE: _____ ( <a href="http://www.nada.com">www.nada.com</a> ) use 90% retail		Name: _____ Balance: _____ Address: _____ _____ Account No: _____ Monthly Payment: _____ Date Incurred: _____ Who is responsible for this debt? Debtor, Co-debtor, or Joint _____
Year Make Model  MILEAGE: _____  NADA VALUE: _____ ( <a href="http://www.nada.com">www.nada.com</a> ) use 90% retail		Name: _____ Balance: _____ Address: _____ _____ Account No: _____ Monthly Payment: _____ Date Incurred: _____ Who is responsible for this debt? Debtor, Co-debtor, or Joint _____
Year Make Model  MILEAGE: _____  NADA VALUE: _____ ( <a href="http://www.nada.com">www.nada.com</a> ) use 90% retail		Name: _____ Balance: _____ Address: _____ _____ Account No: _____ Monthly Payment: _____ Date Incurred: _____ Who is responsible for this debt? Debtor, Co-debtor, or Joint _____
Year Make Model  MILEAGE: _____  NADA VALUE: _____ ( <a href="http://www.nada.com">www.nada.com</a> ) use 90% retail		Name: _____ Balance: _____ Address: _____ _____ Account No: _____ Monthly Payment: _____ Date Incurred: _____ Who is responsible for this debt? Debtor, Co-debtor, or Joint _____

### HOUSEHOLD GOODS

Market Value = what the property is currently worth typically **YARD SALE VALUE**

Lien Holder = do you owe on this property? If so, who do you owe?

Amt. Lien = how much do you owe on this property?

You should not include the value of items that are part of the house i.e. built in range or heat pump

Description of Property & Address	Market Value	Lien Holder Name	Amt. Lien
Kitchen Appliances and Kitchenware			
Stove			
Refrigerator/Freezer			
Washer/Dryer			
Living Room/Den Furniture			
Bed Room Furniture			
Dining Room Furniture			
Recreational Equipment			
Lawn Furniture			
Lawn Mower			
Yard Tools			
Paintings, Art, Books, and other collectables			
Television			
Stereo/Musical Instruments			
Computer			
VCR/DVD			
Clothing & Personal Effects			
Jewelry			
Firearms			
OTHER			
OTHER			
		<b>TOTAL NET VALUE</b>	

**If you owe money on any of the items on this page, please complete the section below. (For example, loans against or for the purchase of furniture, computers, lawn mowers, etc.)**

<b>Name and Address of Creditor:</b>  <b>Account No:</b> _____ <b>Date Incurred:</b> _____	<b>Collateral:</b>  <b>Value of Collateral:</b>  <b>Monthly payment:</b>	<b>Who owes?</b>  _____  _____	<b>Balance</b>  _____  _____	<b>OTHERS INVOLVED:</b> <input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
<b>Name and Address of Creditor:</b>  <b>Account No:</b> _____ <b>Date Incurred:</b> _____	<b>Collateral:</b>  <b>Value of Collateral:</b>  <b>Monthly payment:</b>	<b>Who owes?</b>  _____  _____	<b>Balance</b>  _____  _____	<b>OTHERS INVOLVED:</b> <input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other

# ALL OTHER PERSONAL PROPERTY

**\*\* Bring statements to show current values for life insurance, 401K, etc\*\***

Type of Property	Description	Debtor, Co-debtor, or Joint	Value
Checking/Savings or other deposit accounts	Name of Bank/Type of Acct		
Insurance Policies	Name of Ins Co: _____ Term or Whole Life: _____ Policy #: _____ Policy Date: _____ Beneficiary: _____		Cash Value: (of whole life)
	Name of Ins Co: _____ Term or Whole Life: _____ Policy #: _____ Policy Date: _____ Beneficiary: _____		
Annuities	Name of Ins Co: _____ Policy #: _____ Policy Date: _____ Beneficiary: _____		
401(k) plans, IRA's, pension or profit sharing plans, 403(b) plan, Education IRA's			
Stock or interest in business or partnerships			
Alimony or child support to which you are entitled			
Tax refunds due, but not received			
Any interest in the estate of a decedent, life insurance policy or trust			
<b>OTHER PERSONAL PROPERTY OF ANY KIND NOT LISTED</b>			

## Debts

**\*\*Bring Credit Report\*\***

### ALL DEBTS MUST BE LISTED.

THERE ARE NO EXCEPTIONS WHATSOEVER.

INCLUDE ANY TAXES TO GOVERNMENTAL ENTITIES. FAILURE TO LIST A DEBT MAY RESULT IN IT NOT BEING DISCHARGED and FORGIVEN.

UNSECURED DEBT DOES NOT HAVE PROPERTY PLEDGED AS COLLATERAL. Typical examples would be credit cards, gas cards, medical bills, signature loans, etc.

- ❖ **Creditors' Name and Address:** Must include full and complete name of creditor along with full and complete mailing address with zip code. If a creditor is still communicating with you, use the address supplied by the creditor in at least two communications over the last 90 days. **Do not use the address to which you send payments. USE CORRESPONDENCE OR INQUIRY ADDRESS.** Keep all mailings from your creditors and advise of address changes.
- ❖ **Describe Debt:** What is debt for? Credit card, medical bill, signature loan – feel free to abbreviate
- ❖ **H, W or J:** Indicated who is liable for debt. Indicate Husband, Wife, or Joint if both are liable.
- ❖ **Balance owed:** What is owed? List the dollar amount.
- ❖ **Date Incurred:** Use the date the account was opened.
- ❖ **Account No:** It is helpful to have the full account number but only the last 4 digits are required.
- ❖ **Others Involved:** Is anyone else liable? Is there a collection agency contacting you? We need their names and addresses.
- ❖ **Interest Rate:** If you know the interest rate currently being charged on the debt, please provide it.

Creditors Name and Address	Describe Debt	Debtor, Co-debtor, or Joint	Balance	Others Involved
<b>EXAMPLE:</b>  First Bank of Concord P.O. Box 1234 Debtville, NC 01234	Credit Card	J	3,587.96	<input checked="" type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other  CollectDebt America P.O. Box 9876 Debtville, NC 01234
Account No: 9999-7562-0000-7562		Date Incurred: 1998		

[www.annualcreditreport.com](http://www.annualcreditreport.com) or **877-322-8228**

## YOUR DEBTS – PRIORITY & OTHER ‘SPECIAL’ DEBTS

Creditors Name and Address	Describe Debt	Debtor, Co-debtor, or Joint	Balance	Others Involved
<b><u>TAXES – Federal, State or County</u></b>				
Account No:				
Date Incurred:				
Creditors Name and Address	Describe Debt	Debtor, Co-debtor, or Joint	Balance	Others Involved
<b><u>Domestic Support Obligations: (Alimony/Child Support/Etc.) Recipient Name and Address:</u></b>			<b><u>Child Support Enforcement Agency Name and Address:</u></b>	
Account No:			Date Incurred:	
Creditors Name and Address	Describe Debt	Debtor, Co-debtor, or Joint	Balance	Others Involved
<b><u>Homeowners Association Name and Address:</u></b>				
Account No:			Date Incurred:	
Creditors Name and Address	Describe Debt	Debtor, Co-debtor, or Joint	Balance	Others Involved
<b><u>Student Loans</u></b>				
Account No:			Date Incurred:	
				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
Creditors Name and Address	Describe Debt	Debtor, Co-debtor, or Joint	Balance	Others Involved
<b><u>Equitable Distribution Claims</u></b>				
Account No:			Date Incurred:	
				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other

## YOUR DEBTS – UNSECURED DEBTS

Creditors Name and Address	Describe Debt	Debtor, Co-debtor, or Joint	Balance	Others Involved
				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
<b>Account No:</b>		<b>Date Incurred:</b>		
Creditors Name and Address	Describe Debt	Debtor, Co-debtor, or Joint	Balance	Others Involved
				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
<b>Account No:</b>		<b>Date Incurred:</b>		
Creditors Name and Address	Describe Debt	Debtor, Co-debtor, or Joint	Balance	Others Involved
				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
<b>Account No:</b>		<b>Date Incurred:</b>		
Creditors Name and Address	Describe Debt	Debtor, Co-debtor, or Joint	Balance	Others Involved
				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
<b>Account No:</b>		<b>Date Incurred:</b>		
Creditors Name and Address	Describe Debt	Debtor, Co-debtor, or Joint	Balance	Others Involved
				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
<b>Account No:</b>		<b>Date Incurred:</b>		
Creditors Name and Address	Describe Debt	Debtor, Co-debtor, or Joint	Balance	Others Involved
				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
<b>Account No:</b>		<b>Date Incurred:</b>		

<b>Creditors Name and Address</b>	<b>Describe Debt</b>	<b>Debtor, Co-debtor, or Joint</b>	<b>Balance</b>	<b>Others Involved</b>
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<b>Account No:</b>		<b>Date Incurred:</b>		
<b>Creditors Name and Address</b>	<b>Describe Debt</b>	<b>Debtor, Co-debtor, or Joint</b>	<b>Balance</b>	<b>Others Involved</b>
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<b>Account No:</b>		<b>Date Incurred:</b>		
<b>Creditors Name and Address</b>	<b>Describe Debt</b>	<b>Debtor, Co-debtor, or Joint</b>	<b>Balance</b>	<b>Others Involved</b>
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<b>Account No:</b>		<b>Date Incurred:</b>		

<b>Creditors Name and Address</b>	<b>Describe Debt</b>	<b>Debtor, Co-debtor, or Joint</b>	<b>Balance</b>	<b>Others Involved</b>
<b>Account No:</b>		<b>Date Incurred:</b>		
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				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
<b>Account No:</b>		<b>Date Incurred:</b>		
<b>Creditors Name and Address</b>	<b>Describe Debt</b>	<b>Debtor, Co-debtor, or Joint</b>	<b>Balance</b>	<b>Others Involved</b>
				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
<b>Account No:</b>		<b>Date Incurred:</b>		

<b>Creditors Name and Address</b>	<b>Describe Debt</b>	<b>Debtor, Co-debtor, or Joint</b>	<b>Balance</b>	<b>Others Involved</b>
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<b>Account No:</b>		<b>Date Incurred:</b>		
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<b>Account No:</b>		<b>Date Incurred:</b>		
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<b>Account No:</b>		<b>Date Incurred:</b>		
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<b>Creditors Name and Address</b>	<b>Describe Debt</b>	<b>Debtor, Co-debtor, or Joint</b>	<b>Balance</b>	<b>Others Involved</b>
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<b>Account No:</b>		<b>Date Incurred:</b>		
<b>Creditors Name and Address</b>	<b>Describe Debt</b>	<b>Debtor, Co-debtor, or Joint</b>	<b>Balance</b>	<b>Others Involved</b>
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<b>Creditors Name and Address</b>	<b>Describe Debt</b>	<b>Debtor, Co-debtor, or Joint</b>	<b>Balance</b>	<b>Others Involved</b>
				<input type="checkbox"/> Collection Agency <input type="checkbox"/> Codebtor <input type="checkbox"/> Other
<b>Account No:</b>		<b>Date Incurred:</b>		

## Unexpired Leases and Contracts

List below any leases or contracts that you are a party to. This could be cell phone, internet, satellite, residential real property, car leases or any other contracts.

Nature and Description of Contract	Name and Address of Other Party	Date that contract expires	Do you wish to Keep this Contract?
	<hr/> <hr/> <hr/>		
	<hr/> <hr/> <hr/>		

## Co-debtors

List below anyone who has cosigned a loan for you or that you have cosigned a loan for.

Codebtor Name and Address	Creditor's Name and Address
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

## CURRENT MONTHLY INCOME

**\*\* We MUST have 6 months paystubs or proof of income. Please explain in detail any gaps in income\*\***

<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	List all dependents of you and your spouse,(Living with you), their ages, and their relationships to you		
	Name	Age	Relationship

**Part A: Debtors Income:**  
 What is your occupation? \_\_\_\_\_  
 Name and Address of Employer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part B: Joint Debtors Income:**  
 What is your occupation? \_\_\_\_\_  
 Name and Address of Employer:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How long have you been employed there? \_\_\_\_\_      How long have you been employed there? \_\_\_\_\_  
 The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a Chapter 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.

INCOME: (estimate of average monthly income)	DEBTOR	SPOUSE
Current monthly <b>gross</b> wages, salary, and commissions		
Estimate monthly overtime		
<b>TOTAL GROSS INCOME</b> (Gross wages + overtime)		
<b>DEDUCTIONS</b>		
A - Payroll taxes		
B - Retirement plan		
C - Retirement plan loans		
D - Insurance		
E - Child Support		
E - Other (specify)		
<b>TOTAL PAYROLL DEDUCTIONS</b>		
<b>NET MONTHLY (TAKE HOME PAY)</b> (Total Gross-Total Deductions)		
<b>OTHER INCOME:</b>		
Regular income from operation of business or profession		
Income from real property		
Interest and dividends		
Alimony, maintenance or support payments		
Social Security or other government assistance (specify)		
Pension or retirement income		
Other monthly income (specify)		
<b>TOTAL NET MONTHLY INCOME</b> (Net Monthly + Other Income)		
<b>TOTAL COMBINED MONTHLY INCOME</b> (Total Net monthly for debtor + spouse)		

\* Describe any expected change to your income within the next year

## CURRENT MONTHLY EXPENSES

	<u>Monthly</u>
<b>Rent or home mortgage payment</b> (include lot rent for mobile home)	
Are Real Estate Taxes Included ? YES ___ NO ___	
Is property Insurance Included? YES ___ NO ___	
Real Estate Taxes if not escrowed	
Homeowners insurance if not escrowed	
Homeowners association or Condo dues	
Home maintenance, repair & upkeep expense	
<b>Utilities:</b>	
Electricity and heating fuel	
Water, sewer, garbage collection	
Telephone	
Cable/Satellite	
Internet	
Cell Phone	
Other: specify	
Food (include lunches) and housekeep supplies	
Childcare and children education costs	
Clothing, laundry and dry cleaning	
Personal care products and services	
Medical and dental expenses	
Transportation (not including car payments) includes gas, oil changes and repairs	
Entertainment, clubs and recreation newspapers, magazines, etc.	
Charitable Contributions: Name of Organization: _____ Address: _____	
<b>Insurance</b> (not deducted from wages or included in home mortgage)	
Life	
Health	
Auto	
Other	
Taxes – not deducted from your mortgage or wages	
<b>Installment or lease payments</b>	
Car payments for vehicle 1	
Car payments for vehicle 2	
Furniture	
Other	
<b>Payments of alimony, maintenance and support that is NOT payroll deducted</b>	
Education necessary to maintain employment	
Other	
<b>TOTAL</b>	

Do you expect an increase or decrease in your expenses with the year after you file this form?

**Please explain:** \_\_\_\_\_

# Statement of Financial Affairs

1. Marital Status: \_\_\_\_\_

2. During the last 3 years have you lived anywhere other than where you live now? YES \_\_\_ NO \_\_\_  
 If Yes then list all the past addresses:

Address	Name Used	Date of Occupancy

3. Did you reside in a community property state, commonwealth or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin) within the past 8 years? YES \_\_\_ NO \_\_\_

If so state the name of your spouse or former spouse who resided you.

\_\_\_\_\_

4. What is your current GROSS and what has your previous 2 years GROSS income been for the preceding two years?

We must have husband and wife separately. Use the numbers from W2 forms and last paystubs.

**\*\*Bring most recent tax return\*\***

Year	Source (Who did you work for? List all)	Amount
2022 year to date	Husband - Wife -	H- W-
2021	Husband - Wife -	H- W-
2020	Husband - Wife -	H- W-

5. Do you have income other than from employment? (e.g., social security, unemployment, child support, etc.) YES \_\_\_ NO \_\_\_

Year	Source	Amount
2022 year to date	Husband - Wife -	H- W-
2021	Husband - Wife -	H- W-
2020	Husband - Wife -	H- W-

6. Have you paid any Creditors More Than \$600.00 Within The Last 90 Days YES \_\_\_ NO \_\_\_  
 7. Have you paid a "Insider"\* Within the Last Year YES \_\_\_ NO \_\_\_

(Insiders include: relatives, business partners and their relatives, your corporations or your affiliates)  
 (If yes to either, give details as indicated on the next page)

CREDITOR'S NAME AND ADDRESS	DATE OF PAYMENTS	AMOUNT PAID	Indicate if this debt relates to a business that you own

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited and insider? YES \_\_\_ NO \_\_\_

9. Within 1 year before you file bankruptcy, were you a party in any lawsuits, court action, or administrative proceeding? ? YES \_\_\_ NO \_\_\_

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

Caption of Suit Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition

10a. Has any of your property been garnished, seized, or attached within the last year? YES \_\_\_ NO \_\_\_

Creditor	Date of Seizure or Garnishment	Description of Property

10b. Has any of your property been repossessed, foreclosed upon or voluntarily returned? YES \_\_\_ NO \_\_\_  
(if YES, please give details on the following page)

Name and Address of Creditor	Date of Transfer	Description and Value of Property

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? YES \_\_\_ NO \_\_\_

12. Within 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? YES \_\_\_ NO \_\_\_

If so, state name and address of assignee, and date of assignment

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13. Have you given any gifts other than ordinary and usual gifts to family members within the past 2 years that would have a total value of more than \$600.00? YES \_\_\_ NO \_\_\_

If so, state name and address of recipient, and description, date and value of gift

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14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? YES \_\_\_ NO \_\_\_

If so, state name and address of recipient, and description, date and value of gift

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15. Within the last year have you had any losses as a result of fire, theft, gambling or other casualty? YES \_\_\_ NO \_\_\_

If so, state description, circumstances, value of property, and date of loss and amount covered by insurance

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16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? YES \_\_\_ NO \_\_\_

17. Within 1 year before you filed 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 \_\_\_

18. Has any of your property or assets been transferred to an individual during the past 2 year? YES \_\_\_ NO \_\_\_

If so, state name and address of recipient, and date of transfer and the description and value of property

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19. Have you transferred any property to a trust, or a similar entity, of which you are a beneficiary within the past 10 years? YES \_\_\_ NO \_\_\_

If so, state name of trust, and date of transfer and amount of money or description of property or value

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20. Within 1 year, have you closed any financial accounts?

YES \_\_\_ NO \_\_\_

Bank	Acct Number and Acct Type	Final Balance, Date Closed

21. Do you have or did you have within 1 year ago a safe deposit box?

YES \_\_\_ NO \_\_\_

Bank	Who has access	What is in the box?

22. Do you have a storage building?

YES \_\_\_ NO \_\_\_

Owner	Description and Value of Contents	Location

23. Do you have control of property for the benefit another person?

YES \_\_\_ NO \_\_\_

Owner	Description and Value	Location

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law ?

YES \_\_\_ NO \_\_\_

If so, state the particulars \_\_\_\_\_

25. Have you notified any governmental unit of any release of hazardous material?

YES \_\_\_ NO \_\_\_

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Including settlements and orders.

YES \_\_\_ NO \_\_\_

27 Within the past 6 years, have you operated as a sole proprietorship, or been a self-employed professional or the officer, director, partner, or managing executive of a corporation, or partnership.

YES \_\_\_ NO \_\_\_

Do you own 5% or more of the voting or equity securities in any corporation or partnership?

YES \_\_\_ NO \_\_\_

Name	Tax ID #	Address	Nature of Business	Beginning and End Dates of operation

28. Within 2 years did you give a financial statement to anyone about your business?

YES \_\_\_ NO \_\_\_

### Documents to be Provided

BASIC INFORMATION	Copy of Picture ID and Social Security Card Any documents from a bankruptcy filed within 8 years	
REAL PROPERTY	Deed (not the Deed of Trust) Mortgage Statement	
VEHICLES	Vehicle registration papers or titles Vehicle contracts Printout from <a href="http://www.nada.com">www.nada.com</a> for values	
OTHER PERSONAL PROPERTY	Statements Stock, Mutual Fund, 401k, or IRA Statement for Cash value life insurance Estate or Trust documents that you may be entitled to	
DEBTS	A recent credit report <a href="http://www.annualcreditreport.com">www.annualcreditreport.com</a> or 877-322-8228	
INCOME	Paystubs or other proof of income for prior <b>6 months</b> This must include <b>EVERY</b> paystub or a printout from your employer. Be sure to include proof of any retirement payments, unemployment payments, or other income. You must account for any period with no paystub. This information is required before we can schedule a consultation.	
FINANCIAL AFFAIRS	Tax Returns for the <b>last year with W-2 Forms</b> Court orders setting child support or spousal support Any Judgment or Lawsuits on Record Against You	
CREDIT COUNSELING	Certification ID/Certificate from Consumer Credit Counseling ( <a href="http://www.abacuscc.org">www.abacuscc.org</a> ) SEE ATTACHED INSTRUCTIONS.	
INSURANCE INFO	<b>REAL PROPERTY</b> Company: _____ Name of Agent: _____ Address: _____ _____ Phone No: _____ Policy No: _____	<b>VEHICLES:</b> Company: _____ Name of Agent: _____ Address: _____ _____ Phone No: _____ Policy No: _____