

GENERAL INFORMATION

Name, First	Middle (spell out)	Last
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Social Security Number	Date of Birth	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
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Name of Spouse	Spouse's SSN	Spouse's Date of Birth
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Address	Phone Number(s) Home: (_____) _____ Cell: (_____) _____
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Mailing Address (if different from above)

County of Residence:	Have you lived at this address for at least 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you lived at this address for at least 730 days (2 years)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered no to length of address questions above, then please provide previous address(es) below:

Date (____ thru ____)	Name Used	Address

Do you rent? <input type="checkbox"/> Yes <input type="checkbox"/> No Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No Term: _____ <input type="checkbox"/> Month to Month <input type="checkbox"/> Yearly	If so, please provide name and address of landlord:
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Have you filed bankruptcy in the last 8 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in which district of which state? _____ _____	Case No. _____ Date filed _____
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Do you have dependents? Yes No If so, please complete information below:

Name	Age	Son/Daughter/Disabled Adult

REAL PROPERTY		
Address	Owned by <input type="checkbox"/> Debtor <input type="checkbox"/> Debtor & spouse <input type="checkbox"/> Other _____	Estimated Value \$_____
First Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Account# _____	Name of Mortgage Holder	Address of Mortgage Holder
Second Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Account # _____	Name of Mortgage Holder	Address of Mortgage Holder
Address	Owned by <input type="checkbox"/> Debtor <input type="checkbox"/> Debtor & spouse <input type="checkbox"/> Other _____	Estimated Value \$_____
First Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Account # _____	Name of Mortgage Holder	Address of Mortgage Holder
Second Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Account # _____	Name of Mortgage Holder	Address of Mortgage Holder

PERSONAL PROPERTY		
Type	Location/Description	Value
Cash on Hand <input type="checkbox"/> Yes <input type="checkbox"/> No	Cash	\$
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No Account # _____	Name of Bank & Address	\$
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No Account # _____	Name of Bank & Address	\$
Security deposits held by utility companies, landlord <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Household goods, furniture, including audio, video and computer equipment	(see separate sheet)	\$
Books, pictures, art, objects, records, compact discs, collectibles <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Clothing	<input type="checkbox"/> Everyday apparel <input type="checkbox"/> Work Clothes	\$
Furs and jewelry <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Sports, photographic, hobby equipment, firearms <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Interest in insurance policies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Whole life? <input type="checkbox"/> Term? Policy # _____	Name & Address of Insurance Company Name of Person insured Name of Beneficiary	\$
<input type="checkbox"/> Whole life? <input type="checkbox"/> Term? Policy # _____	Name & Address of Insurance Company Name of Person insured Name of Beneficiary	\$
Annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Address of Company	\$
Education IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No Account # _____	Name & Address of Company	\$

Type	Location/Description	Value
IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No Account # _____	Name & Address of Company	\$
401(k) through employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Account # _____	Name & Address of Company	\$
Pension/Profit sharing plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Account # _____	Name & Address of Company	\$
Stock and/or interests in business? <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage of Interest _____%	Name of Company	\$
Interest in partnership or joint venture? <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage of Interest _____%	Name of Company	\$
Bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Company	\$
Accounts receivable? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Do you <i>receive</i> alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No Child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	From Whom (name & address) From Whom (name & address)	\$ <input type="checkbox"/> weekly <input type="checkbox"/> monthly \$ <input type="checkbox"/> weekly <input type="checkbox"/> monthly
Other liquidated debts owed to you, including tax refunds? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Equitable or future interests or life estates? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Interests in estate of decedent or life insurance plan or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other contingent/unliquidated claims, including tax refunds, counterclaims? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Patents, copyrights, other intellectual property? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Licenses, franchises? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Customer list or other compilation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Type	Location/Description	Value
Automobiles, trucks, trailers and accessories? <input type="checkbox"/> Yes <input type="checkbox"/> No Name & Address of Lien Holder Total Amount Owning \$ _____ Monthly Payment \$ _____	Year _____ Make _____ (i.e. Ford, Chevy) Model _____ Style _____ <input type="checkbox"/> 2 dr <input type="checkbox"/> 4 dr <input type="checkbox"/> Short Cab <input type="checkbox"/> Extended Cab Mileage _____ Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Running Intend to <input type="checkbox"/> Retain/Reaffirm Debt <input type="checkbox"/> Surrender	\$
Automobiles, trucks, trailers and accessories? <input type="checkbox"/> Yes <input type="checkbox"/> No Name & Address of Lien Holder Total Amount Owning \$ _____ Monthly Payment \$ _____	Year _____ Make _____ (i.e. Ford, Chevy) Model _____ Style _____ <input type="checkbox"/> 2 dr <input type="checkbox"/> 4 dr <input type="checkbox"/> Short Cab <input type="checkbox"/> Extended Cab Mileage _____ Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Running Intend to <input type="checkbox"/> Retain/Reaffirm Debt <input type="checkbox"/> Surrender	\$
Automobiles, trucks, trailers and accessories? <input type="checkbox"/> Yes <input type="checkbox"/> No Name & Address of Lien Holder Total Amount Owning \$ _____ Monthly Payment \$ _____	Year _____ Make _____ (i.e. Ford, Chevy) Model _____ Style _____ <input type="checkbox"/> 2 dr <input type="checkbox"/> 4 dr <input type="checkbox"/> Short Cab <input type="checkbox"/> Extended Cab Mileage _____ Condition: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Running Intend to <input type="checkbox"/> Retain/Reaffirm Debt <input type="checkbox"/> Surrender	\$
Boats, motors and accessories? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year _____ Make _____ _____ Model _____	\$
Aircraft and accessories? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Office equipment, supplies? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Machinery, fixtures, etc. for business? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Type	Location/Description	Value
Inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Animals? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Crops: growing or harvested? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Farming equipment and implements? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Farm supplies, chemicals, feed? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other personal property of any kind not listed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

UNPAID TAXES

Name & Address	Description	Amount Owning
	Account Number, if any Date/range of dates when debt was incurred Any additional information	\$
	Account Number, if any Date/range of dates when debt was incurred Any additional information	\$
	Account Number, if any Date/range of dates when debt was incurred Any additional information	\$

PERSONAL LOANS		
Name & Address	Description	Amount Owning
	Account Number, if any Date/range of dates when debt was incurred Any additional information	\$
	Account Number, if any Date/range of dates when debt was incurred Any additional information	\$

STUDENT LOANS		
Name & Address	Description	Amount Owning
	Account Number, if any Date/range of dates when debt was incurred Any additional information	\$
	Account Number, if any Date/range of dates when debt was incurred Any additional information	\$
	Account Number, if any Date/range of dates when debt was incurred Any additional information	\$

DEBTOR INCOME		
Gross wages, salary, tips, bonuses, overtime, commissions for last six (6) months	Month 1	\$
	Month 2	\$
	Month 3	\$
	Month 4	\$
	Month 5	\$
	Month 6	\$
Pension income for last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No	Month 1	\$
	Month 2	\$
	Month 3	\$
	Month 4	\$
	Month 5	\$
	Month 6	\$
Social Security income for last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No	Month 1	\$
	Month 2	\$
	Month 3	\$
	Month 4	\$
	Month 5	\$
	Month 6	\$
Child Support for last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No	Month 1	\$
	Month 2	\$
	Month 3	\$
	Month 4	\$
	Month 5	\$
	Month 6	\$
Income from employment for past 3 years		
Source 1:	2014 year to date	\$
Source 1:	2013	\$
Source 1:	2012	\$
Source 2:	2014 year to date	\$
Source 2:	2013	\$

Source 2:	2012	\$
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CO-DEBTOR (SPOUSE) INCOME		
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Gross wages, salary, tips, bonuses, overtime, commissions for last six (6) months	Month 1	\$
	Month 2	\$
	Month 3	\$
	Month 4	\$
	Month 5	\$
	Month 6	\$
Pension income for last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No	Month 1	\$
	Month 2	\$
	Month 3	\$
	Month 4	\$
	Month 5	\$
	Month 6	\$
Social Security income for last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No	Month 1	\$
	Month 2	\$
	Month 3	\$
	Month 4	\$
	Month 5	\$
	Month 6	\$
Child Support for last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No	Month 1	\$
	Month 2	\$
	Month 3	\$
	Month 4	\$
	Month 5	\$
	Month 6	\$
Income from employment for past 3 years		
Source 1:	2014 year to date	\$
Source 1:	2013	\$
Source 1:	2012	\$
Source 2:	2014 year to date	\$

Source 2:	2013	\$
Source 2:	2012	\$

CURRENT MONTHLY INCOME	
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YOU	YOUR SPOUSE
Employer Name & Address	Employer Name & Address
Occupation:	Occupation:
How Long Employed? ____ Years ____ Months	How Long Employed? ____ Years ____ Months
How often do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly	How often do you get paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
GROSS Pay before deductions \$_____	GROSS Pay before deductions \$_____
Deductions: Taxes (combined total) \$_____ Life Insurance \$_____ Health Insurance \$_____ 401(k) \$_____ Child Support \$_____ Other (explain) _____ \$_____ _____ \$_____	Deductions: Taxes (combined total) \$_____ Life Insurance \$_____ Health Insurance \$_____ 401(k) \$_____ Child Support \$_____ Other (explain) _____ \$_____ _____ \$_____
Do you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, approximately how many hours? _____ hours per _____ (i.e., week/month)	Do you work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, approximately how many hours? _____ hours per _____ (i.e., week/month)

OTHER MONTHLY INCOME	
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Alimony/Child Support \$_____	Alimony/Child Support \$_____
Social Security \$_____	Social Security \$_____
Pension/Retirement \$_____	Pension/Retirement \$_____
Any expected changes, i.e., increase/decrease and why?	Any expected changes, i.e. increase/decrease and why?

MONTHLY EXPENSES		MONTHLY EXPENSES	
HOUSING EXPENSES		INSURANCE	
Rent	\$	Renters insurance	\$
First mortgage	\$	Homeowners insurance	\$
Second mortgage	\$	Life insurance (not deducted from wages)	\$
Taxes (not included in mortgage payments)	\$	Health insurance (not deducted from wages)	\$
Insurance (not included in mortgage payments)	\$	Auto insurance	\$
Lot rent for mobile home	\$	Disability insurance	\$
Association dues	\$	Other insurance:	\$
UTILITIES		INSTALLMENT PAYMENTS	
Electric and heat	\$	Vehicle 1	\$
Water and sewer	\$	Vehicle 2	\$
Telephone (home)	\$	Appliances	\$
Telephone (cell)	\$	Computer/Electronics	\$
Internet	\$	Jewelry	\$
Cable TV / Satellite TV	\$	Other installments:	\$
Trash pick-up	\$	OTHER EXPENSES	
BASIC NEEDS		Child support you pay	\$
Repairs/maintenance (if you own home)	\$	Care of dependent not living with you	\$
Food and grocery items	\$	Care for elderly or disabled	\$
Clothing	\$	Union dues (not deducted from wages)	\$
Laundry/dry cleaning (professionally done)	\$	Property Taxes (not included in mortgage)	\$
Medical expenses (not paid by insurance)	\$	Child care expenses	\$
Dental expenses (not paid by insurance)	\$	Student loan repayment	\$
TRANSPORTATION		Other:	\$
Gasoline / bus fare	\$	Other:	\$
Auto maintenance (oil change, tires, etc.)	\$	Other:	\$
RECREATION		CHARITABLE CONTRIBUTIONS	
Entertainment / movies	\$	Church:	\$
Newspapers / magazines	\$	Other:	\$

Do you anticipate any increase or decrease in expenses to occur within the next year? Yes No
Please describe when and why: