

D. Income

1. What is your occupation? _____
2. Name & address of your employer (your employer will NOT be contacted under ordinary circumstances, and we will tell you beforehand if this is necessary for any reason): _____

3. How long have you been employed there?: _____

4. What is the GROSS amount of your paycheck?

GROSS AMOUNT OF YOUR PAYCHECK (BEFORE TAXES AND DEDUCTIONS)
\$ _____

5. What is the NET amount of your paycheck?

NET AMOUNT OF YOUR PAYCHECK (THE AMOUNT YOU TAKE HOME)
\$ _____

6. How often do you get paid? CHECK ONE:

EVERY WEEK	EVERY 2 WEEKS	TWICE PER MONTH	ONCE A MONTH
_____	_____	_____	_____

7. Do you receive overtime? _____ If so, how much?: _____
8. How much is taken out of each paycheck for taxes and social security? \$ _____
9. How much is taken out for insurance? \$ _____
10. How much is taken out for union dues? \$ _____
11. Are there other deductions? If so, what are they and how much? _____

12. Do you receive: (if yes, please specify and provide amount PER MONTH)
- a. Income from business operations outside your regular paycheck? _____
 - b. Income from real estate property? _____
 - c. Interest or dividends? _____
 - d. Alimony or family support payments for your or your dependents? _____
 - e. Social security or other forms of monetary government assistance? _____
 - f. Retirement of pension money? _____
13. Do you have any other sources of income not listed? _____
14. Are you or your spouse expecting any increase or decrease in salary next year? If so, explain: _____

SPOUSE'S INCOME (EVEN IF SPOUSE IS NOT FILING BANKRUPTCY)

- 4. What is your occupation? _____
- 5. Name & address of your employer (your employer will NOT be contacted under ordinary circumstances, and we will tell you beforehand if this is necessary for any reason): _____
- 6. How long have you been employed there?: _____

4. What is the GROSS amount of your paycheck?

GROSS AMOUNT OF YOUR PAYCHECK (BEFORE TAXES AND DEDUCTIONS)
\$ _____

5. What is the NET amount of your paycheck?

NET AMOUNT OF YOUR PAYCHECK (THE AMOUNT YOU TAKE HOME)
\$ _____

6. How often do you get paid? CHECK ONE:

EVERY WEEK	EVERY 2 WEEKS	TWICE PER MONTH	ONCE A MONTH
_____	_____	_____	_____

7. Do you receive overtime? _____ If so, how much?: _____
8. How much is taken out of each paycheck for taxes and social security? \$ _____
9. How much is taken out for insurance? \$ _____
10. How much is taken out for union dues? \$ _____
11. Are there other deductions? If so, what are they and how much? _____

12. Do you receive: (if yes, please specify and provide amount PER MONTH)
 - a. Income from business operations outside your regular paycheck? _____
 - b. Income from real estate property? _____
 - c. Interest or dividends? _____
 - d. Alimony or family support payments for your or your dependents? _____
 - e. Social security or other forms of monetary government assistance? _____
 - f. Retirement of pension money? _____
13. Do you have any other sources of income not listed? _____
14. Are you or your spouse expecting any increase or decrease in salary next year? If so, explain: _____

Does Your or Your Spouse's Income Vary from Month to Month?

If your monthly income varies from what you listed on the last page, please list both your gross and net monthly income for EACH of the last 6 months.

You:

Month 1 (last month) ____/____	Month 2 (2 months ago) ____/____	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____
Gross: \$ _____	Gross: \$ _____	Gross: \$ _____	Gross: \$ _____	Gross: \$ _____	Gross: \$ _____
Net: \$ _____	Net: \$ _____	Net: \$ _____	Net: \$ _____	Net: \$ _____	Net: \$ _____

Your Spouse:

Month 1 (last month) ____/____	Month 2 (2 months ago) ____/____	Month 3 ____/____	Month 4 ____/____	Month 5 ____/____	Month 6 ____/____
Gross: \$ _____	Gross: \$ _____	Gross: \$ _____	Gross: \$ _____	Gross: \$ _____	Gross: \$ _____
Net: \$ _____	Net: \$ _____	Net: \$ _____	Net: \$ _____	Net: \$ _____	Net: \$ _____

Other Income:

If you receive income from the operation of a business, rental income, regular contributions from others (including child or spousal support), unemployment compensation, social security income, retirement income, or any other type of income, please list the source and amount below:

Source	Monthly Amount
	\$ _____

E. Monthly Expenses

Do you and your spouse maintain separate households? No Yes If yes, please copy this page and fill out one for each of you and your spouse.

Please fill in your **MONTHLY** expense for each category below. If you do not know the amount you spend on a particular item, but you do know the amount you spend on it every day, week, or year, for example, then write that amount and how often.

AMOUNT SPENT PER MONTH:

1. Rent OR \$ _____
 - Monthly mortgage payment (First Loan) \$ _____
 - (Second Loan/Home Equity Loan) \$ _____
 - Does your payment **include property taxes**? No Yes
 - If NOT, please provide the amount paid : \$ _____
 - How often? Once a year, every 6 months? _____
 - Does it **include property insurance**? No Yes
 - If NOT, please provide the amount paid : \$ _____
 - How often? Once a year, every 6 months? _____
2. Electricity/Gas \$ _____
3. Telephone (including cell phones) \$ _____
4. Cable \$ _____
5. Internet \$ _____
6. Other utility bills (describe): \$ _____
7. Home maintenance, including repairs & general upkeep \$ _____
8. Food \$ _____
9. Clothing \$ _____
10. Laundry and dry cleaning \$ _____
11. Medical & Dental Expenses (out of pocket) \$ _____
12. Entertainment, recreation, newspapers, magazines \$ _____
13. Charitable contributions \$ _____
14. Insurance not deducted from paycheck
 - a. homeowner's or renter's insurance \$ _____
 - b. life insurance \$ _____
 - c. health insurance \$ _____

- d. auto insurance \$ _____
- e. other insurance \$ _____
- 15. Taxes not deducted from paycheck \$ _____
- 16. Car payment \$ _____
- 17. Transportation (incl. gas and car maintenance) \$ _____
- 18. Other installment payments (e.g., RV, boat, furniture) \$ _____
- 19. Child Support/Spousal Support \$ _____
- 20. Payments for support of dependents not living at home \$ _____
- 21. Expenses from **Operation of a Business** \$ _____

Additional Expenses (707(b) Expenses)

- 22. Mandatory payroll deductions not already listed \$ _____
- 23. Court ordered payments not already listed \$ _____
- _____ \$ _____
- _____ \$ _____
- 24. Education necessary to maintain employment \$ _____
- 25. Education for a physically or mentally challenged child \$ _____
- 26. Childcare \$ _____
- 27. Disability insurance (if not listed on line 14) \$ _____
- 28. Health savings account contributions \$ _____
- 29. Care for elderly, chronically ill, or disabled family members \$ _____
- 30. Protection from family violence \$ _____
- 31. Education expenses for children under 18 \$ _____
- 32. Non-mandatory contributions to retirement accounts (including loan repayment) \$ _____
- _____ \$ _____
- 33. Other expenses not listed above \$ _____
- _____ \$ _____
- _____ \$ _____

F. Prior or Pending Bankruptcy Cases

Have you filed a bankruptcy case or has an involuntary bankruptcy case been filed against you in the last 8 years? No Yes If yes, please provide the following information:

State and District where case was filed: _____
 Case Number: _____ Date case was filed: _____

Are there now any pending involuntary bankruptcy cases filed against you, your business, your spouse, or your spouse's business? No Yes If yes, please provide the following information:

Name of Debtor: _____ Relationship to you: _____
 State and District where case was filed: _____
 Case Number: _____ Date case was 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.

G. Tenancy Information

If you rent your home, does your landlord hold a judgment against you? No Yes

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

Address: _____

City: _____ State: _____ Zip: _____

H. Real Estate (For Bankruptcy Petition: Schedule A)

Please list all real estate you own, or for which you are a part owner. Please list every property for which your name is on the title, even if you do not consider the property to be yours.

Property Address	Owned by Husband, Wife, Joint or Community	Percentage Interest	List ALL Mortgages, Home Equity Lines, and Liens Amount Owed and Name and Address of Lender

I. Personal Property (For Bankruptcy Petition: Schedule B)

For each type of property listed below that you own, please provide a description of the property, tell us whether you own it by yourself or jointly with your spouse or someone else, and provide us with a good faith estimate of the property's value. The value of the property should be the "replacement value" of the property taking into account its age and condition. For example, if you own a car that is 5 years old and has 50,000 miles on it, determine would it cost you to replace it with the same make and model, of the same age and with the same mileage.

Type of Property	Description and Location	Owned by Husband, Wife, Joint or Community	Value
1. Cash on hand (literally in your pocket today)			
2. Checking and Savings Accounts, Certificates of Deposit, and other bank accounts			
3. Security Deposits held by a landlord or utility company			

4. Household goods, furniture, audio, video and computer equipment			
5. Books, pictures, art, CDs, and collectibles			
6. Clothing			
7. Sports, photography, hobby equipment, and firearms			
8. Jewelry			
9. Autos, trucks, RVs, trailers, and accessories	[Year]: [Make]: [Model]:		
10. Boats and personal watercraft			

Type of Property	Description and Location	Owned by Husband, Wife, Joint or Community	Value
11. Interest in an education IRA, as defined by 26 USC §530(b)(1)			
12. IRA, 401(k), and other retirement pension or profit sharing plans			
13. Stock and LLC membership interests			
14. Ownership of any business partnership or sole proprietorship			
15. Bonds			

16. Accounts Receivable or money owed to you			
17. Spousal or Child Support owed to you			
18. Expected Tax Refunds			
19. Interests in the estate of someone deceased, including life insurance policies			
20. Contingent/unliquidated claims (if you have reason to sue someone, for example)			
21. Patents, copyrights, or other intellectual property			
22. Office equipment, inventory and supplies			

Type of Property	Description and Location	Owned by Husband, Wife, Joint or Community	Value
23. Licenses, franchises			
24. Machinery and fixtures of a business			
25. Annuities			
26. Whole Life Insurance Policies (with a cash cancellation value)			
27. Other personal property of any kind not listed above			

J. Debts

List all debts that you owe, or that anyone claims that you owe. For each debt, please provide the name and address of the creditor and your account number.

Type of Debt	1. Creditor Name and Address 2. Account Number 3. Date range when debt was incurred	Approximate Amount Owed	Is Debt Secured by property?	Do you dispute this debt?
Mortgages and Home Equity Loans				
Car Loans				
Other Bank Loans				
Personal Loans				
Student Loans				

Type of Debt	1. Creditor Name and Address 2. Account Number 3. Date range when debt was incurred	Approximate Amount Owed	Is Debt Secured by property?	Do you dispute this debt?
Credit Cards	We will order a credit report on your behalf. However, you will be responsible for ensuring that any debts and creditor information that may not appear on your credit report is supplied to us before we file your case.			
Unpaid Medical Bills				

Unpaid Rent				
Unpaid Utility Bills				
Unpaid Taxes				
Unpaid Spousal or Child Support				
Other Unpaid Bills				

K. Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you have no information to report for a question, check the "NONE" box.

1. ANNUAL Income from EMPLOYMENT or operation of business (LAST TWO YEARS)

State your gross income from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:

NONE

Period	\$ Amount	Source	Husband/Wife
January 1 of this year through date of commencement of case			
Last year, (January 1 - December 31)			
The year before last, (January 1 - December 31)			

2. Income other than from employment or operation of business

State the amount of income received other than from employment or operation of business during the **two years** immediately preceding the commencement of this case:

NONE

Period \$ Amount Source Husband/Wife

During the last year

Year before last

3. Payments to creditors

List all payments on loans, installment purchases of goods or services, and other debts, aggregating **more than \$600 to any creditor** made within **90 days** immediately preceding the commencement of this case. Indicate with an asterisk (*) any payments that were made on account of a domestic support obligation, or that were made as part of an alternative repayment plan.

NONE

Name and Address of Creditor Dates of Payments Amount paid

List all payments made within **one year** immediately preceding the commencement of this case to creditors who were "insiders". ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

NONE

Name and Address of Creditor
and Relationship to You Dates of Payments Amount Paid Amount Still Owed

4. Suits, executions, garnishments and attachments

List all suits and administrative proceedings to which you are or were a party within **one year** preceding the filing of this case.

NONE

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

Describe all property that has been garnished, seized, or attached under any legal process within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Person/Company Description &
for Whom the Property Was Seized (Creditor) Date of Seizure Value of Property

5. Repossessions, foreclosures, and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure, or returned to the seller, within **one year** immediately preceding the commencement of this case.

NONE

Name & Address of Creditor Date of Repossession, Description &
Foreclosure, Transfer or Return Value of Property

11. Closed financial accounts

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Institution	Type and Number of Account & Final Balance	Amount and Date of Sale or Closing
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12. Safe deposit boxes

List each safe deposit or other box or depository in which you have or have had securities, cash, or other valuables within **one year** immediately preceding commencement of this case.

NONE

Name and Address of Bank or Other Depository	Name and Address of those With Access to Box	Contents
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13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days** preceding the commencement of this case.

NONE

Name and Address of Creditor	Date of Setoff	Amount of Setoff
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14. Property held for another person

List all property that you hold or control that is owned by another person.

NONE

Name & Address of Owner	Description & Value of Property	Location of Property
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15. Prior address of debtor

If you have moved within the **three years** immediately preceding the commencement of this case, list all residences during the last three years, excluding your present address.

NONE

Address	Your Name at the Time	Dates of Occupancy
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16. Spouses and Former Spouses

NONE

Name _____