

OLSEN, OLSEN & DAINES  
Attorneys at Law

**Document Checklist and Questionnaire**

*The law requires we verify the information on your questionnaire. We must have complete information to file your case.*

- \_\_\_1. Proof of ALL income (pay stubs, child support, social security, etc.) in the last seven months. If self-employed, include monthly breakdown of all business income and expenses. You must continue to send pay stubs as you receive them before the case is filed! (May be faxed or emailed).
- \_\_\_2. **Copies** of your last two years state and federal tax returns including W-2's.
- \_\_\_3. **Copies** of your last two months bank and credit union statements. Continue to send current statements until your case is filed.
- \_\_\_4. **Copy** of credit counseling certificate. Call Money Management (877-895-2227) or visit [www.cricketdebt.com](http://www.cricketdebt.com) to complete your certificate. Must be completed at least 24 hours before filing and within last 6 months.
- \_\_\_5. Signed fee agreement and payment of fees.
- \_\_\_6. This year's county property tax statement. Only applicable if you own or are purchasing a home, manufactured home, or land.

**IMPORTANT: SEND COPIES ONLY! DO NOT SEND ORIGINAL DOCUMENTS.**

**Email or call your paralegal (marked below) for help with the questionnaire:**

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“See our website at [www.olsendaines.com](http://www.olsendaines.com) for more information”

Updated 9/9/09



ANSWER ALL QUESTIONS COMPLETELY

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BANKRUPTCY QUESTIONNAIRE

1. Full name: FIRST MIDDLE LAST

A. Debtor (Husband, if married): \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Joint Debtor (Wife, if married): \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Email addresses: \_\_\_\_\_

B. Other names used within past six years? Yes / No (do not list maiden name if no debts are in that name) If yes, list:

\_\_\_\_\_

C. Business Name(s): \_\_\_\_\_

D. Home Street address: \_\_\_\_\_

E. Mailing address: \_\_\_\_\_

How long have you been living in this State? \_\_\_\_\_ You must be in the State for at least 90 days prior to filing bankruptcy.

Debtor work # \_\_\_\_\_ Joint Debtor work # \_\_\_\_\_ Home # \_\_\_\_\_ AND

Cell phone, message or emergency # \_\_\_\_\_ County of residence: \_\_\_\_\_

F. Name, address, and phone number of someone who will know where you are if we need to contact you within five years:

\_\_\_\_\_

G. Marital Status: Single, Married, Separated, Divorced: \_\_\_\_\_

Children or Dependents **that reside with you** (Names and Ages):

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

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

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

2. Prior bankruptcy filed? Yes / No If yes, where? \_\_\_\_\_

Year filed and month: \_\_\_\_\_ Discharge obtained? \_\_\_\_\_

Case number, if known: \_\_\_\_\_ Chapter filed: \_\_\_\_\_

3. Date Questionnaire Completed: \_\_\_\_\_

**ANSWER ALL QUESTIONS COMPLETELY**

**4. Occupation:**

- A. Debtor's occupation is: (example - Teacher) \_\_\_\_\_  
Where employed now? \_\_\_\_\_ How long employed? \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Pay period (**IMPORTANT**): Monthly/ Twice a month/ Every other week/ Weekly \_\_\_\_\_  
Exact day(s) of the month you are paid \_\_\_\_\_  
Exact take-home pay per pay period or accurate average: \$ \_\_\_\_\_ Salary/hourly wage \$ \_\_\_\_\_  
Name and phone number of payroll clerk: \_\_\_\_\_  
Is this income steady? Yes / No. If no, explain why not, including when it is higher or lower and by approximately how much. \_\_\_\_\_
- B. Joint Debtor's occupation is (example - Teacher) \_\_\_\_\_  
If not employed, do you anticipate employment, and when? \_\_\_\_\_  
Where employed now: \_\_\_\_\_ How long employed? \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Pay period (**IMPORTANT**): Monthly/ Twice a month/ Every other week/ Weekly \_\_\_\_\_  
Exact day(s) of the month you are paid: \_\_\_\_\_  
Exact take-home pay per pay period or accurate average: \$ \_\_\_\_\_ Salary/hourly wage: \$ \_\_\_\_\_  
Name and phone number of payroll clerk: \_\_\_\_\_  
Is this income steady? Yes / No. If no, explain why not, including when it is higher or lower and by approximately how much. \_\_\_\_\_
- C. Are debts primarily business or consumer debts? \_\_\_\_\_

**5. Real Property or Mobile Home:** Does your name show up on deeds to any land or real property anywhere in the world? If so, please give the information below:

- A. Are you purchasing or do you own REAL PROPERTY? Yes / No  
Please Circle One: Land with home or bare land, **OR** a Mobile Home with land or a Mobile Home in park.  
Address of property: \_\_\_\_\_  
Tax Assessed Value (**necessary**): \$ \_\_\_\_\_ Year of assessment: \_\_\_\_\_  
When purchased? \_\_\_\_\_ Amount purchased for: \_\_\_\_\_  
Your estimate of its full market value: \$ \_\_\_\_\_  
Do you owe property taxes? Yes / No If yes, how much and for what year(s): \_\_\_\_\_  
Are your property taxes included in your mortgage payment? Yes / No  
Which County? \_\_\_\_\_

**ANSWER ALL QUESTIONS COMPLETELY**

B. DO YOU WANT TO RETAIN HOME? YES / NO

**First** mortgage monthly payment: \$ \_\_\_\_\_ Loan # \_\_\_\_\_

How much behind? \$ \_\_\_\_\_ Balance owed: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Name and address of lender: \_\_\_\_\_

Foreclosure Date: (if any) \_\_\_\_\_

**Second** mortgage monthly payment: \$ \_\_\_\_\_ Loan # \_\_\_\_\_

How much behind? \$ \_\_\_\_\_ Balance owed: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_

Name and address of lender: \_\_\_\_\_

Foreclosure Date: (if any) \_\_\_\_\_

**Third** mortgage: add same information on attached sheet

C. Do you have another piece of real property? Yes / No If yes, attach sheet with above details.

**6. Bank Information:**

A. Safe deposit box? Yes / No If yes, where? \_\_\_\_\_

What are contents? Any valuables? If yes, explain: \_\_\_\_\_

B. Bank Accounts:

|    | Name of Bank | Branch | Savings/Checking | Average Balance |
|----|--------------|--------|------------------|-----------------|
| 1. | _____        | _____  | _____            | _____           |
| 2. | _____        | _____  | _____            | _____           |
| 3. | _____        | _____  | _____            | _____           |

WE ADVISE CLIENTS TO CLOSE OUT ALL CREDIT UNION ACCOUNTS BEFORE FILING BANKRUPTCY OR LEAVE IN MINIMUM BALANCE IF THEY OWE MONEY TO THE CREDIT UNION

7. Do you have a security deposit with a utility or landlord? Yes / No

How much is refundable and with whom? \_\_\_\_\_

8. Your estimate value of the following (auction or garage sale value):

household goods / including audio, video, and computer equipment \_\_\_\_\_

books, pictures, art objects, antiques, stamp, coin, record, tape, cd,  
or other collections \_\_\_\_\_

wearing apparel \_\_\_\_\_

furs and jewelry \_\_\_\_\_

sports, photographic, and other hobby equipment \_\_\_\_\_

9. Do you own any GUNS? Yes / No If yes, list each one. Describe whether it is a rifle, shot gun, or pistol with its respective

value: \_\_\_\_\_

**ANSWER ALL QUESTIONS COMPLETELY**

10. Do you have LIFE INSURANCE? Yes / No Term / Whole life (Whole Life means it has cash value) Value: \$\_\_\_\_\_ What company? \_\_\_\_\_
11. Do you have an annuity? Yes / No If yes, describe: \_\_\_\_\_
12. Do you have a RETIREMENT FUND with any employer, past or present? Yes / No  
If yes, itemize and how much: \_\_\_\_\_  
Do you have a LOAN against any retirement fund, and if yes, how much? \_\_\_\_\_
13. Do you own any STOCKS OR BONDS other than retirement? Yes / No Value: \$ \_\_\_\_\_  
What company? \_\_\_\_\_
14. Do you have an interest in a partnership / joint venture? Yes / No  
If yes, itemize: \_\_\_\_\_
15. Do you have government bonds or negotiable instruments? Yes / No  
If yes, itemize: \_\_\_\_\_
16. Does anyone owe you any money or accounts receivable? Yes / No  
If yes, itemize: \_\_\_\_\_
17. Are you entitled to past-due child support / alimony? Yes / No  
If yes, state how much you are due and from whom? \_\_\_\_\_
18. Are you entitled to an equitable or future interest, life estate, interest in an insurance policy, trust or any other claim of every nature - patent, copyright, license, franchise, or other intangible? Yes / No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
19. Do you have a claim for PERSONAL INJURY or WORKERS' COMP? Yes / No If yes, list the name, address, and phone number of the attorney who represents you and what you believe to be the value of your claim: \_\_\_\_\_  
\_\_\_\_\_

20. **Please Complete All Information Describing Your Vehicle(s)**

| Year | Make | Model | No. of Cylinders | Style | No. of Doors | Mileage | Est. Value | Name(s) on Title |
|------|------|-------|------------------|-------|--------------|---------|------------|------------------|
|      |      |       |                  |       |              |         |            |                  |

21. Do you own a boat, motorcycle, camper, trailer, aircraft, or more than four cars not listed in prior question: Yes/ No If yes, list what and value (attach sheet if necessary): \_\_\_\_\_

**ANSWER ALL QUESTIONS COMPLETELY**

22. Do you have any office equipment, fixtures, or supplies used in business? Yes / No If yes, describe and list values:

\_\_\_\_\_

23. Do you have inventory in the business? \_\_\_\_\_

24. Do you own any animals with a total value over \$300.00? Yes / No If so, describe type of animal and its value. \_\_\_\_\_

\_\_\_\_\_

25. Do you have any crops, farming equipment, and supplies? Yes / No If yes describe and what is your estimate of value?

\_\_\_\_\_

\_\_\_\_\_

26. Do you have any UNUSUAL ASSETS, SUCH AS ANTIQUE COLLECTIONS, COIN OR STAMP COLLECTIONS ETC.

Yes / No If yes, please describe with your estimate of value. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. Has anyone left you an INHERITANCE? Yes / No If yes, who and how much? Please provide particulars \_\_\_\_\_

\_\_\_\_\_

28. Do you anticipate anyone dying and leaving you an inheritance within the next 6 months? Yes / No. If yes, describe and consult with our office \_\_\_\_\_

\_\_\_\_\_

29. Do you have any OTHER ASSETS not listed here of significant value, for example, tools, art collection, equipment, trailer, boat, **Manufactured home or Mobile Home** etc.? Yes / No If yes, please provide particulars with your estimate of value (attach list if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30. **Taxes:**

A. Are you entitled to a tax refund? This includes next year if you are filing Bankruptcy after September 1.

Yes/No **MUST ANSWER**, estimate if necessary.

If yes, how much? Federal \$ \_\_\_\_\_ State \$ \_\_\_\_\_

In which state were tax returns filed for last two years? \_\_\_\_\_

**If your tax refunds are over \$500.00 the trustee may claim the refund. Discuss this with the attorney.**

**ANSWER ALL QUESTIONS COMPLETELY**

- B. Did you receive a tax refund in the last two years? Yes / No If yes, what year and how much received?  
 Federal - Year: 2008 Amount: \$ \_\_\_\_\_ Federal - Year: 2007 Amount: \$ \_\_\_\_\_  
 State - Year: 2008 Amount: \$ \_\_\_\_\_ State - Year: 2007 Amount: \$ \_\_\_\_\_  
 Homeowners - \$ \_\_\_\_\_

31. **TAXES OWING** (Estimate if exact amounts are not known. **HOWEVER YEARS AND DATES MUST ACCURATE.**

| Year | Returns Filed | Amount Owing IRS | Amount Owing State | Amount Owing Other State | Lien Filed |
|------|---------------|------------------|--------------------|--------------------------|------------|
| 2008 | Yes / No      |                  |                    |                          | Yes / No   |
| 2007 | Yes / No      |                  |                    |                          | Yes / No   |
| 2006 | Yes / No      |                  |                    |                          | Yes / No   |
| 2005 | Yes / No      |                  |                    |                          | Yes / No   |
| 2004 | Yes / No      |                  |                    |                          | Yes / No   |
| 2003 | Yes / No      |                  |                    |                          | Yes / No   |
| 2002 | Yes / No      |                  |                    |                          | Yes / No   |
| 2001 | Yes / No      |                  |                    |                          | Yes / No   |

**Continue on in earlier years if returns have not been filed or if taxes remain owing.**

- A. Are you anticipating owing taxes for the next calendar year? Yes / No If yes, how much? \_\_\_\_\_ If you will not be able to pay this sum you should contact your attorney or the appropriate paralegal regarding options prior to this bankruptcy case being filed.
- B. Was a tax return **filed late**? Yes / No, give us the tax year; and day, month, and year the return was filed?  
 \_\_\_\_\_
- C. Was a tax return **filed by the IRS or State Taxing Agency on your behalf**? Yes / No If so, what tax agency and what year? \_\_\_\_\_

ATTACH A COPY OF ANY AND ALL DOCUMENTS RELATING TO TAXES OWED!

**BE SURE TO FILLOUT THE FOLLOWING PAGES AS CLEARLY AND ACCURATELY AS POSSIBLE MISSING, ILLEGIBLE OR INCOMPLETE INFORMATION MAY DELAY PROCESSING YOUR PETITION**

32. SECURED LOANS (IMPORTANT - FILL OUT COMPLETELY REGARDLESS OF WHETHER YOU ARE KEEPING OR SURRENDERING PROPERTY)  
 (i.e., car, furniture, jewelry, property taxes, home, etc.).

**PLEASE REMEMBER WE CANNOT LIST ANY CREDITOR  
 UNLESS WE HAVE FULL COMPLETE ADDRESSES WITH ZIP CODES**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| Description and Date Acquired                               | EXAMPLE:<br>1984 Chevrolet<br>Citation               |  |  |  |  |
| Name of Creditor and Address                                | US National Bank<br>Address:                         |  |  |  |  |
| Date of the loan  | 12/01/2009   |  |  |  |  |
| Loan Number if Available                                    | #12345678  |  |  |  |  |
| Interest Rate   | 9%   |  |  |  |  |
| Value   | \$1,000.00   |  |  |  |  |
| Current Balance   | \$3,400.00   |  |  |  |  |
| Amount of Monthly Payment                                   | \$300.00   |  |  |  |  |
| How Many Months Behind?                                     | 3 months   |  |  |  |  |
| Do you want to keep items?                                  | Yes  |  |  |  |  |
| Is there a cosigner? If yes, name, address and relationship | John Doe<br>1 Oak Street<br>Salem, OR 97303<br>Uncle |  |  |  |  |

PLEASE REMEMBER WE CANNOT LIST ANY CREDITOR  
UNLESS WE HAVE FULL COMPLETE ADDRESSES WITH ZIP CODES

**UNSECURED CREDITORS**

(Example: Medical bills, charge cards,  
unsecured loans, utility bills, etc.)

**PLEASE SPECIFY IF DEBT IS A BUSINESS DEBT.  
PLEASE, PRINT, AND FILL IN ADDRESSES FULLY AND CAREFULLY,  
LIST THE TOTAL AMOUNT DUE, NOT THE MONTHLY PAYMENT. INCLUDE ACCOUNT NUMBER!**

| NAME & ADDRESS OF CREDITOR | ACCOUNT NUMBER | TYPE OF DEBT AND YEARS INCURRED<br>(Medical, Credit Card, Collection, etc.) | AMOUNT OWED | CO-SIGNER |
|----------------------------|----------------|---|-------------|-----------|
|                            |                |   |             |           |
|                            |                |   |             |           |
|                            |                |   |             |           |
|                            |                |   |             |           |
|                            |                |   |             |           |
|                            |                |   |             |           |
|                            |                |   |             |           |
|                            |                |   |             |           |
|                            |                |   |             |           |
|                            |                |   |             |           |





PLEASE COMPLETE THIS SECTION - YOUR BANKRUPTCY CANNOT BE FILED WITHOUT THIS INFORMATION!!!

33. Past Gross Income:

Debtor: Year To Date Income: \$ \_\_\_\_\_ Where Employed? \_\_\_\_\_  
 Last calendar year: \$ \_\_\_\_\_ Where employed? \_\_\_\_\_  
 Previous year: \$ \_\_\_\_\_ Where employed? \_\_\_\_\_  
 Joint Debtor: Year To Date Income: \$ \_\_\_\_\_ Where Employed? \_\_\_\_\_  
 Last calendar year: \$ \_\_\_\_\_ Where employed? \_\_\_\_\_  
 Previous year: \$ \_\_\_\_\_ Where employed? \_\_\_\_\_

34. Do you have a LEASE of real property (land or building) or personal property or a TIME SHARE? Yes / No If yes, list name and address of other party to lease or agreement and description of contract or lease including balance owed and payment. \_\_\_\_\_

35. Have you paid any single creditor over \$600.00 in the last 90 days? Yes / No. If so, describe each creditor and how much you paid. (This includes money that has been garnished from you) \_\_\_\_\_  
 \_\_\_\_\_

36. Have you paid a RELATIVE any money, assets or property in the last year? Yes / No. If yes, please give name and address, date of payment, amount paid, and amount still owed. \_\_\_\_\_  
 \_\_\_\_\_

37. Any lawsuits or judgments pending against you? Yes / No If yes, list below:

**Fill Out Completely**

| Name of creditor or party suing you | County | Case number | Judgment | How much owed? |
|-------------------------------------|--------|-------------|----------|----------------|
| 1. _____                            | _____  | _____       | Yes / No | \$ _____       |
| Address: _____                      |        |             |          |                |
| 2. _____                            | _____  | _____       | Yes / No | \$ _____       |
| Address: _____                      |        |             |          |                |
| 3. _____                            | _____  | _____       | Yes / No | \$ _____       |
| Address: _____                      |        |             |          |                |
| 4. _____                            | _____  | _____       | Yes / No | \$ _____       |
| Address: _____                      |        |             |          |                |
| 5. _____                            | _____  | _____       | Yes / No | \$ _____       |
| Address: _____                      |        |             |          |                |

**PLEASE ATTACH A COPY OF ANY COMPLAINT OR SUMMONS FOR EACH CASE.**

38. Have your wages been GARNISHED within one year? Yes / No If yes, provide all particulars, (including **who, how much, dates taken, and from whose check.**) \_\_\_\_\_  
\_\_\_\_\_
39. Anything REPOSSESSED, deed in lieu of foreclosure, or return to seller within the last year? Yes / No If yes, provide name, address of creditor, date of transfer, description and value of property transferred or repossessed \_\_\_\_\_  
\_\_\_\_\_
40. Have you TRANSFERRED any property or money to any creditor within 120 days? Yes / No If yes, describe transfer, date, and terms. \_\_\_\_\_  
\_\_\_\_\_
41. Please list all BANK OR CREDIT UNION ACCOUNTS CLOSED in the last year. (Include name of bank, full address, type of account, and the date closed.) \_\_\_\_\_  
\_\_\_\_\_
42. Have you made a GIFT of property to a family member OR charitable contribution other than an ordinary or usual gift within the last year? Yes / No If yes, please provide particulars: \_\_\_\_\_  
\_\_\_\_\_
43. Any gambling, fire, casualty or theft losses within last year? Yes / No If yes, describe any insurance collected within the last year? Yes / No If yes, explain on an attached sheet. \_\_\_\_\_  
\_\_\_\_\_
44. List all payments made or transferred to any person, including attorney other than the Olsen Law firm for consultation concerning debt consolidation, or bankruptcy within the last year? \_\_\_\_\_  
\_\_\_\_\_
45. Have you TRANSFERRED or sold any other property in the last year? Yes / No If yes, describe: (Include any sale of home, car, etc. **Name, Address, Amount Sold For, Description of what was sold**) \_\_\_\_\_  
\_\_\_\_\_
46. Any set off, credit or discount by any creditor in last 90 days? Yes / No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
47. Do you HOLD PROPERTY (car, boat, furniture, etc.) for another person? Yes / No If yes, explain the circumstances, who, what, where, and when \_\_\_\_\_  
\_\_\_\_\_
48. Have you received a notice of an Environmental or Hazardous Material release by any governmental unit? Yes / No If yes, explain \_\_\_\_\_  
\_\_\_\_\_
49. Have you been married to a spouse other than the spouse listed in question 1(a) above in the last 8 years? Yes / No If yes, list the name of the spouse, what state(s) you resided in when married and what years you were married (**Even if not now married!**): \_\_\_\_\_  
\_\_\_\_\_

50. List the name and complete address of anyone you owe child support, spousal support or allimony: \_\_\_\_\_  
\_\_\_\_\_

51. Prior address for last three years:

|    | Prior Address           | Date of Occupancy |
|----|-------------------------|-------------------|
| 1. | _____<br>_____<br>_____ | _____ to _____    |
| 2. | _____<br>_____<br>_____ | _____ to _____    |
| 3. | _____<br>_____<br>_____ | _____ to _____    |

52. Are you engaged in a business of ANY size? Yes / No ***IF YES, YOU MUST REQUEST A STATEMENT OF AFFAIRS FOR DEBTOR ENGAGED IN BUSINESS FROM THIS OFFICE***, if not already furnished.

53. Have you been engaged in any business within the past 6 years? Yes / No If yes, please describe including **name, type of business and dates of operation** \_\_\_\_\_  
\_\_\_\_\_

54. In business as a partner in the last six years? Yes / No If yes, indicate where, dates, with whom, and when terminated:  
\_\_\_\_\_

55. Are you now operating your own business? Yes / No If yes, name of business, \_\_\_\_\_  
\_\_\_\_\_

56. Briefly describe nature of business: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE ATTACHED BUDGET AS COMPLETELY AND ACCURATELY AS POSSIBLE:**  
**BUDGET IS CALCULATED MONTHLY, IF PAID WEEKLY OR BI-WEEKLY PLEASE CALCULATE WITH**  
**YOUR ENTIRE MONTHLY GROSS INCOME!**

INCOME

| Employment Income:   | Debtor   | Joint Debtor |
|--|----------|--------------|
| Current Monthly Gross Income                                       | \$ _____ | \$ _____     |
| Estimate Monthly Overtime  | \$ _____ | \$ _____     |
| Subtotal of Wages  | \$ _____ | \$ _____     |
| Deductions:  |          |              |
| State & Federal Taxes, FICA, SSI etc.                              | \$ _____ | \$ _____     |
| Insurance  | \$ _____ | \$ _____     |
| Union Dues   | \$ _____ | \$ _____     |
| Other Deductions (SPECIFY)<br>_____<br>_____                       | \$ _____ | \$ _____     |
| Subtotal of Deductions   | \$ _____ | \$ _____     |
| Income from operation of Business,<br>Profession, or Farming       | \$ _____ | \$ _____     |
| Income from Real Property  | \$ _____ | \$ _____     |
| Interest & Dividends   | \$ _____ | \$ _____     |
| Alimony, Child Support paid to you for<br>dependents in your care. | \$ _____ | \$ _____     |
| Social Security, or Government Assistance<br>(PLEASE SPECIFY)      | \$ _____ | \$ _____     |
| Pension  | \$ _____ | \$ _____     |
| Any Other Monthly Income (SPECIFY)                                 | \$ _____ | \$ _____     |

Do you expect any significant income changes in the next 24 months?

EXPENSES

Rent or Mortgage Payments (Include Space Rent) \$ \_\_\_\_\_  
Are real estate taxes included in payment? Yes\_\_\_ No\_\_\_  
Is property insurance included in payment? Yes\_\_\_ No\_\_\_

UTILITIES:

Electricity & Heating Cost (gas, electric, oil) \$ \_\_\_\_\_  
Water & Sewer \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Garbage, cable, satellite, cell phone, alarm system, PO Box, internet, (CIRCLE all that apply) \$ \_\_\_\_\_

Child care expenses \$ \_\_\_\_\_

Home Maintenance \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing Purchases \$ \_\_\_\_\_

Laundry & Dry Cleaning Expenses \$ \_\_\_\_\_

Medical & Dental Expenses \$ \_\_\_\_\_

Transportation Expenses \$ \_\_\_\_\_

Recreation & Entertainment \$ \_\_\_\_\_

Charitable Contributions \$ \_\_\_\_\_

If more than \$50 per month, list name & address of recipient:  
\_\_\_\_\_

INSURANCE:

Homeowners or Renters \$ \_\_\_\_\_  
Life \$ \_\_\_\_\_  
Health \$ \_\_\_\_\_  
Auto \$ \_\_\_\_\_  
Other (SPECIFY) \$ \_\_\_\_\_  
Taxes (property taxes, self employment taxes) \$ \_\_\_\_\_

INSTALLMENT PAYMENTS:

Auto #1 \$ \_\_\_\_\_  
Auto #2 \$ \_\_\_\_\_  
Other (SPECIFY) \_\_\_\_\_ \$ \_\_\_\_\_

Alimony or Support Payments paid to others \$ \_\_\_\_\_

Regular expenses from operation of business etc. \$ \_\_\_\_\_

Do you expect any significant expense changes in the next 24 months?

