

Spouse's Employer's Name: _____
Address: _____

Phone : _____
Spouse's occupation & nature of business: _____

Dates employed: _____
____ Employee _____ Owner

7. Spouse's Gross income received from employment:

So far this year 2004 \$ _____

Last year 2003 \$ _____

Previous Year 2002 \$ _____

8. Other sources of income? _____ Yes _____ No
If yes, list the following:

So far this year 2004
Source _____
Amount _____

Last year 2003
Source _____
Amount _____

Previous Year 2002
Source _____
Amount _____

9. Prior Bankruptcy? _____ Yes _____ No
If yes, date filed ___/___/___, where filed
_____ chapter ____, case number _____, date
dismissed/discharged _____.

ATTACH COPIES OF YOUR 2002 AND 2003 TAX RETURNS TO THE END OF THIS FORM

LIST ALL DEPENDENTS (CHILDREN):

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Living with you?</u>
-------------	------------	---------------------	-------------------------

- 1.
- 2.
- 3.

REAL PROPERTY

IS YOUR NAME ON TITLE TO A HOUSE, LAND OR TIME SHARE ANYWHERE IN THE WORLD? If NO, list the name and address of your landlord, the terms of your lease including the date you entered into the lease and the date it ends, or if you are renting month-to-month and the amount of rent.

Landlord: _____
Address: _____

Terms: _____ Monthly. Pmt. \$ _____

IF YES, PLEASE FILL OUT THE FOLLOWING:

Property Address: _____

Purchase Date: ___/___/___ Purchase Price: \$ _____

Name of Owners: _____

Current Value: \$ _____

First Mortgage:

Name of Mortgage Co.: _____

Address of Mortgage Co.: _____

Telephone No. () _____

The month and year you received the loan? _____, _____

Original loan amount \$ _____

Account No. _____

Balance \$ _____ Monthly Payment \$ _____

Late Charge \$ _____ Due Date ___/___/___

Any co-owners or co-signors on the note? If so, list name, address and relationship to you: _____

Number of months behind _____

Is Property in Foreclosure? _____ Yes _____ No

If yes, date of sale: _____, 20__

If you have received any letters from your mortgage company or its attorney, please attach copies of same. Should you receive any letters from them in the future, please forward them to me immediately.

Name, address & ph. number of attorney for mortgage co:

(_____) _____

Second Mortgage:

Name of Mortgage Co.: _____

Address of Mortgage Co.: _____

Telephone No. () _____

The month and year you obtained the loan? _____

Original loan amount \$ _____

Account No. _____

Balance \$ _____ Monthly Payment \$ _____

Late Charge \$ _____ Due Date ____/____/____

Any co-owners or co-signors on the note? If so, list name, address and relationship to you: _____

Number of months behind _____

Property in Foreclosure? _____ Yes _____ No

If yes, date of sale: _____, 20__

If you have received any letters from your mortgage company or its attorney, please attach copies of same. Should you receive any letters from them in the future, please forward them to me immediately.

Name, address & ph. number of attorney for mortgage co:

(____) _____

ARE YOU RENTING THIS PROPERTY? _____ no _____ yes

If Yes, state name of tenants _____

How long is the lease _____

Monthly rental income \$ _____

IF YOU OWN ANY ADDITIONAL REAL PROPERTY (such as rental properties)
LIST THEM BELOW INCLUDE ALL OF THE ABOVE INFORMATION.

AUTOMOBILES OWNED OR LEASED

Year _____ Make _____ Model _____
Extras: check CD player, _____ automatic transmission, _____ 4 wheel drive,
_____ power steering _____ power windows _____ sun roof _____ cruise control, _____ leather
CIRCLE: PURCHASED _____ LEASED _____
Date of purchase: ____/____/____ Purchase Price \$ _____
Loan Amount \$ _____ Years Financed: _____

Lender's Name _____
Lender's Address _____

Account No. _____
Monthly Payment \$ _____
No. of months behind _____ Balance of Loan: \$ _____
Milage _____
Current Value of Vehicle \$ _____
Due date every month: _____
Name owner(s) the vehicle: _____
Any co-signors? _____ No _____ Yes _____
If yes, who co-signed: Name _____
Address _____

check one: keep surrender

Year _____ Make _____ Model _____
Extras: check Air conditioning, _____ CD player, _____ automatic transmission
_____ 4 wheel drive, _____ power steering _____ sun roof _____ cruise control
CIRCLE: PURCHASED _____ LEASED _____
Date of purchase: ____/____/____ Purchase Price \$ _____
Loan Amount \$ _____ Years Financed: _____

Lender's Name _____
Lender's Address _____

Account No. _____
Monthly Payment \$ _____
No. of months behind _____ Balance of Loan: \$ _____
Current Value of Vehicle \$ _____
Due date every month: _____
Name owner(s) of vehicle: _____
Any co-signors? _____ No _____ Yes _____
If yes, who co-signed: Name _____
Address _____

Check one: keep surrender

IF YOU OWN ANY ADDITIONAL AUTOMOBILES, LIST THEM ON A SEPARATE
PIECE OF PAPER. _____

CREDITOR INFORMATION (list all! (except mortgage and car loans)

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNOR (name) _____

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

CREDITOR INFORMATION, continued...

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

CREDITOR INFORMATION, make additional copies of this page, if necessary.

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

Creditor Name _____ Collection Agency:
Address _____

ACCOUNT NO. _____
BALANCE \$ _____
TYPE OF ACCT. Joint, Husband, Wife
CO-SIGNER (name) _____

You must also attach copies of recent credit card statements and/or correspondence from the creditor to the end of this form

PERSONAL PROPERTY QUESTIONS

List value of the following and describe, if appropriate:

1. How much cash do you have in your wallet? \$ _____

2. List checking and savings accounts, cert. of deposits, credit unions, etc:
Name of institution _____
Account No. _____ Type of account: _____
Name on account: (Husband, Wife, Joint) _____
Balance: \$ _____

Name of institution _____
Account No. _____ Type of account: _____
Name on account: (Husband, Wife, Joint) _____
Balance: \$ _____
(use separate piece of paper to list additional institutions)

3. Do you have any security deposits with landlords, public utilities, telephone companies, etc? If so, state the name of the company holding the deposit, its address, and the amount of the deposit:

4. HOUSEHOLD GOODS AND FURNISHINGS: Please check off all household goods that you own. If you own more than one of these items, place a number on the right side of the item. List the value of the property. The value should be determined by the price you would buy or sell the property at a YARD SALE.

You must attach copies of any homeowners policy you may have to the end of this form.

LIVING ROOM:

<u>NUMBER OF</u> <u>ITEM</u>	<u>ITEMS OWNED</u>	<u>VALUE</u>
FURNITURE	_____	\$ _____

DINING ROOM:

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
FURNITURE	_____	\$ _____

KITCHEN :

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>	<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
TABLE	_____	\$ _____	CHAIRS	_____	\$ _____
MISC. COOKING & EATING UTENSILS	_____	\$ _____	APPLIANCES	_____	\$ _____

DEN :

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
FURNITURE	_____	\$ _____

BEDROOM :

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
FURNITURE	_____	\$ _____

BEDROOM #2 :

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
FURNITURE	_____	\$ _____

BEDROOM #3 :

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
FURNITURE	_____	\$ _____

BEDROOM #4 :

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
FURNITURE	_____	\$ _____

BASEMENT :

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
FURNITURE	_____	\$ _____

MISC :

<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>	<u>ITEM</u>	<u>NUMBER OF ITEMS OWNED</u>	<u>VALUE</u>
Office	_____	\$ _____	Printer	_____	\$ _____

Equipment			Software	_____	\$ _____
Computer	_____	\$ _____	Scanner	_____	\$ _____
Art Objects	_____	\$ _____	Fax Machine	_____	\$ _____
Antiques	_____	\$ _____	CD's & Player	_____	\$ _____
Coin/stamp	_____	\$ _____	Pictures	_____	\$ _____
Collection	_____		Iron & Board	_____	\$ _____
Lawnmower	_____	\$ _____	Garden Tools	_____	\$ _____
Mirrors	_____	\$ _____	Books	_____	\$ _____
Bookcases	_____	\$ _____	Wall unit	_____	\$ _____
Bicycles	_____	\$ _____	Linen/sheets	_____	\$ _____
DVD/videos	_____	\$ _____	Washer/Dryer	_____	\$ _____
Suitcases	_____	\$ _____	Piano	_____	\$ _____
Clocks	_____	\$ _____	Radio	_____	\$ _____
Candlestick	_____	\$ _____	Telephone	_____	\$ _____
satellite disk	_____	\$ _____	Cell Phone	_____	\$ _____
hair dryer	_____	\$ _____	Auto Tools	_____	\$ _____
tv's	_____	\$ _____	VCR's	_____	\$ _____
desk's	_____	\$ _____	swimming pool	_____	\$ _____

6. WEARING APPAREL: Please list the value of your clothing. The value should be determined by the price you would buy or sell the property for at a yard sale.

MALE CLOTHING: \$ _____ **FEMALE CLOTHING: \$ _____**

7. Do you own any jewelry? (wedding bands, watches) If yes, describe and give the value of each item _____

8. List all guns, sports, exercise, camera and other hobby equipment and give value of each.

9. Do you have any life insurance policies? _____ Yes _____ No
If yes, state with whom you have these policies, the face value of the policy, cash value of the policy, and whether or not they are term policies.

10. Do you receive annuities. _____ Yes _____ No
If yes, itemize, name each issuer and value.

11. Do you have any interest in retirement/profit sharing plans, IRA, ERISA, Keogh, or other pension plans? If yes, state the name, type and value of each:

12. Do you own any stock and interests in incorporated and unincorporated businesses? If yes, itemize and give value.

13. Do you have any interests in partnerships or joint ventures? If yes, itemize and give value.

14. Do you own any government, corporate or savings bonds and other negotiable and non-negotiable instruments? If yes, list them and give value.

15. Any accounts receivables? If yes, list them and the value.

16. Any alimony, maintenance, support, or property settlements to which you are entitled. If yes, explain and give value of support.

17. Federal tax refunds due this year (not yet received) \$ _____
State tax refunds due this year (not yet received). \$ _____

18. Do you own any patents, copyrights, or other intellectual property? Give value and particulars.

19. Any licenses, franchises, and other general intangibles? Give value and particulars.

20. Do you own any trailers, tractors or other vehicles and accessories other than those listed under "Automobiles". If so, explain and give value of each.

21. Do you own any boats, motors and/or accessories? If so, list make, model, year and value.

Do you have a lien on your boat? ____ Yes ____ No. If yes, list them under the "creditor" section.

22. Do you own any aircraft and accessories? If yes, explain and give value.

23. Do you own any machinery, fixtures, equipment, and supplies used in your business? If yes, explain and give value of each.

24. List all animals (pets) that could sell for \$200 or more.

25. Do you grow any crops? Give particulars.

26. Do you own any farming equipment and implements? If yes, explain and give value of each.

27. Do you own any farming supplies, chemicals and feed? If yes, explain and give value of each.

28. Do you own any other personal property of any kind not already listed? If yes, itemize and give value of each, including **time shares**.

29. Has anyone died from whom you are going to inherit? If yes, state what it is you are going to inherit, cash, property, etc. and when.

30. Have any of your wages been garnished, if so, state the creditor's name and how much will be garnished as on the date of filing.

31. Are you the beneficiary of a trust or future interest? If yes give details.

32. Have you gotten a loan and listed your furniture, appliances or personal property as security for the loan? If yes, state the name of the lender and the items listed as security for the loan, attach a copy of the loan documents.

33. Do you have a contract with a cell phone company? If yes, what is the length of the contract, the cell phone company name and monthly payment.

STATEMENT OF FINANCIAL AFFAIRS

1. List each creditor, friend or family member who was paid more than \$600 within the last 90 days.

2. 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 the last year.

3. List the name of charity, the date and value of all gifts or charitable contributions made within the last year worth more than \$200.00.

4. List all losses from fire, theft or other casualty or gambling within the last year.

5. List all other property that you have transferred or sold within the last year, state name of purchaser, the date of sale and for how much.

6. Have you closed or transferred any bank accounts within the last year? If so, list the name of the bank and how much was in the account when it was closed and the date it was closed.

7. List each safe deposit box or other box or depository in which you have or had securities, cash, or other valuables within the last year.

8. List all property owned by another person in your possession, including custodial accounts (for children).

9. List all businesses which you were involved with as an officer, director, or partner within the last two years.

10. List all bookkeepers and accountants you have employed within the last six years.

11. List all judgments or lawsuits that have been filed by or against you,

Name of Plaintiff _____
Case Number _____
Name and Address _____
of Court _____

Plaintiff's atty's _____
Name and Address _____

Date of Judgment _____
Amount of Judgment \$ _____

Fill out the above information for each additional law suit.

You must attach copies of all court papers to the end of this form.

12. Has the IRS or the state filed a tax lien against you or your spouse? If the answer is yes, state the year(s) the lien(s) were filed, the amount of the lien and where it was recorded.

13. Have you consulted with any other attorney for debt counseling service about your financial affairs? If yes, state the name and address of the attorney or service and total amount paid.

BUDGET QUESTIONS

1. How often are you paid?

DEBTOR: ___ monthly ___ weekly ___ every two weeks
 ___ twice a month ___ other (explain)

SPOUSE: ___ monthly ___ weekly ___ every two weeks
 ___ twice a month ___ other (explain)

ATTACH TWO PAYCHECK STUBS, IF YOU DO NOT RECEIVE A PAYCHECK COMPLETE BELOW:

	<u>DEBTOR</u>	<u>SPOUSE</u>
2. How much are you paid per pay period (gross)?	\$ _____	\$ _____
3. Estimate overtime per pay period.	\$ _____	\$ _____

DEDUCTIONS PER PAY PERIOD:

4. Payroll taxes and Social Security	\$ _____	\$ _____
5. Insurance (e.g. health and life)	\$ _____	\$ _____
6. Union dues	\$ _____	\$ _____
7. Retirement/401K	\$ _____	\$ _____
8. Other deductions? Specify _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
9. Other income? (Circle: pension, social security, unemployment, part-time job, etc.)	\$ _____	\$ _____
10. Do you <u>receive</u> child support? If so, state how much is received per month.	\$ _____	\$ _____

CURRENT MONTHLY EXPENDITURES

LIST THE EXPENSES THAT YOU PAY OUT **MONTHLY**. IF PAYMENTS ARE MADE QUARTERLY OR YEARLY, DETERMINE MONTHLY AMOUNT.

Rent or mortgage payment \$ _____
Are real estate taxes included? ___Yes ___No
Is property insurance included? ___Yes ___No

Utilities: Electricity & heating fuel \$ _____
Water & sewer \$ _____
Telephone (including cellular) \$ _____
Garbage \$ _____
Security \$ _____
Cable or satellite \$ _____
Internet \$ _____

Home Maintenance (repairs & upkeep) \$ _____

Food \$ _____

Clothing \$ _____

Laundry & dry cleaning \$ _____

Medical & dental expenses \$ _____

Transportation (gas and repairs \$ _____
do not include car pmts)

Recreation, club, entertainment, newspapers, \$ _____
magazines, etc.

Charitable contributions (if claimed on taxes) \$ _____

Insurance (not deducted from wages or included \$ _____
in home mortgage payment)

Homeowner's or renter's \$ _____

Life \$ _____

Health \$ _____

Auto \$ _____

Taxes (not deducted from wages or included \$ _____
in home mortgage payments) (specify)

Car Payment(s) \$ _____

Other Installment payments (e.g. monthly \$ _____
Homeowners, Condo Assn Dues)

_____ \$ _____

_____ \$ _____

Alimony, maintenance, support paid to others \$ _____
(list name, age and relationship of dependent)

Regular expenses from operation of business, \$ _____
profession, or farm (attach detailed stmt)

Child Care \$ _____

Postage \$ _____

Other expenses: specify _____ \$ _____