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Appointment Date: _____

Please complete the attached questionnaire with documents and any questions you have developed since your initial appointment and bring the application to our office with a retainer so that we can open and file, review your questions, and keep working to advise and assist you.

LIST EVERYTHING YOU OWN. IF YOUR NAME IS ON A BANK ACCOUNT OR TITLE, LIST THE ITEM.

LIST EVERYBODY YOU OWE. LIST EVERYONE, NOT JUST THE DEBTS YOU WANT TO BE CONSIDERED FOR DISCHARGE OR BANKRUPTCY TREATMENT.

All the information that you are required to provide with your bankruptcy case must be complete, accurate and truthful. **A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty or perjury in connection with a bankruptcy case may be subject to fine, imprisonment, or both.**

PROPERTY VALUES: Some portions of the questionnaire require you to value your assets. Please provide Kelley Blue Book or NADA values for vehicles you want to keep. We will need a current market appraisal (CMA) for real property that you want to keep. There are links on our website to help you get these property values.

Furniture, clothing and other items are to be valued at the replacement value for the item. We do need an inventory of possessions. **The current value for clothing, furnishings, and household goods is what you would expect to pay at a store like Goodwill** that sells used items.

Please provide copies of the documents listed on the next page. You are responsible to keep originals or copies for your files. If we need to make copies of documents there may be additional fees depending on the number and condition of the documents to be copied. Do not bring us your documents or bills in envelopes, we cannot process your mail.

It is important for you to fill out the questionnaire completely and that you provide all the necessary documents so that we can prepare your bankruptcy petition. You may incur additional fees for the extra time required if we don't receive a complete questionnaire and copies of all necessary documents.

BRINGING BACK YOUR QUESTIONNAIRE

You do not need an appointment to return the questionnaire. Please bring the questionnaire and documents back during these days and times:

Monday to Friday: from 9:00 AM to 3:30 PM

We are a Debt Relief Agency. We help people file for Bankruptcy Relief under the Bankruptcy Code.

DOCUMENT LIST FOR BANKRUPTCY FILING

Do not bring us original documents or bills in envelopes.

We need copies of the following documents to prepare your bankruptcy filing:

- Certificate of Credit Counseling
- Driver's license(s) & Social Security card(s)
- Tax returns or transcripts for the last 2 years
- Paystubs or other verification of all income for 7 months prior to the date of filing
- Comparative Market Analysis (CMA) for real property (see links on our website).
(www.zillow.com is a good website for home value)
- Vehicle Valuation (Kelley Blue Book, NADA) for vehicles, boats, recreational vehicles (see links on our website)
- Records of all secured transactions, especially for vehicle purchases, during the past 910 days (2.5 years)
- Current statements for all financial accounts: bank accounts, CDs, IRA accounts, 401k accounts
- Records of any state tuition programs, medical savings plans, or educational individual retirement accounts
- A list of creditors not appearing on the credit report
- Copies of current expense billings (utilities, insurance payments, garbage, rent, phone, etc.)
- Any pending lawsuits where you are either Plaintiff or Defendant
- Divorce decrees filed within the last 2 years and orders creating domestic support obligations
- Copies of records for property transfers for the past 2 years

Finally, you should also bring a copy of the bankruptcy fee agreement that we provided to you at your initial consultation.

Please speak with the Attorney about whether you should open new bank accounts with a financial institution where you have no debts before we file your bankruptcy petition.

Client Questionnaire For Non-Business Debtor

Section 1 Basic Information

Part A. Name and Address

Name: _____
Last First Middle

Telephone Number Home: _____ Work: _____ Cell: _____

Have you used any other names in the past eight years? No Yes **If yes, list other names:**

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Have you lived at this address for at least 180 days? No Yes

Have you lived in the State of Washington for the last 730 days (2 years)? No Yes

If you answered no to any of the questions above, list all previous addresses for the last 2 1/2 years:

Address: _____

City: _____ State: _____ Zip: _____

County: _____ (attach additional pages if necessary)

If you have a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part B. Name and Address of Spouse

Fill in the following information about your spouse, even if filing separately:

Name: _____
Last First Middle

Telephone Number Home: _____ Work: _____ Cell: _____

Has your spouse used other names in the past eight years? No Yes **If yes, list other names:**

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Address: *(if different from your address):* _____

City: _____ State: _____ Zip: _____ County: _____

If your spouse has a different mailing address, please list:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Part C. Prior/Pending Bankruptcy Cases

Has a bankruptcy case been filed by you or against you in the last 8 years? No Yes

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

Case Number: _____ Date filed: _____

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business? 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? _____

Exhibit "C" to the Voluntary Petition

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.)

Debtors Who Reside as Tenants of Residential Property

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

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Your questions:

Part D. Vehicle Purchases

Have you purchased a vehicle in the last 6 months? No Yes

If yes, which vehicle(s) and when? _____

Have you purchased a vehicle in the last 2 1/2 years? No Yes

If yes, which vehicle(s) and when? _____

Part E. Credit Card Purchases

Have you made any credit card purchases totaling **more than \$550.00** on one credit card in the **last 90 days**? No Yes

If yes, which credit card (list all)? _____

When? _____

What goods or services were purchased? _____

What was the total amount? _____

Part F. Cash Advances

Have you received any cash advances **totaling \$825.00 or more** from one creditor in the last **70 days**? No Yes

If yes, which creditor (list all)? _____

When? _____

What was the total amount? _____

Your questions:

Section 2 Property

Part A. Real Estate (Schedule A) List all real estate where you have an ownership interest, even if you still owe money on the property.

Address and description of property	Owned by Husband, Wife, Joint or Community	Value	Your % ownership, or \$ amount, if you and spouse are not sole owners	List all mortgages, home equity loans, and liens*: What is the \$ value of the loan, lien or mortgage? What is your monthly payment? How many payments are left?	Who issued the lien, loan or mortgage? (Name, Address of Institution)	Office Use Only Exemptions ?

***It is the debtor(s) responsibility to determine if any liens are attached to real property. All liens, including judgment liens, must be listed above.**

Are you behind on any mortgage payments? Yes No

If yes, how much: **First Mortgage** _____

Second Mortgage _____

Third Mortgage _____

Did you purchase, refinance or modify a loan on your home in the past three years?

Yes _____ **No** _____

Part B. Personal Property (Schedule B) - List everything you own.

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. You can think of the value as the replacement value. For property acquired for personal or family use, the **value is the price a retail merchant like Goodwill** would charge for a property of that kind, considering the age and condition of that property.

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
1. Cash on hand					
2. Checking/Savings Account, Certificates of deposit, other bank accounts					
3. Security deposits held by utility companies, landlord					
4. Household goods, furniture, including audio, video, and computer equipment					
5. Books, pictures, art objects, records, compact discs, collectibles					
6. Clothing					
7. Furs and jewelry					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
8. Sports, photographic, hobby equipment, firearms					
9. Interest in insurance policies-specify refund or cancellation value					
10. Annuities					
11. Interests in an education IRA, as defined in 26 USC § 530(b)(1)					
12. Interests in 401ks, IRA ERISA, Keogh plans, PERS accounts, deferred compensation, pension accounts, or profit sharing plans					
13. Stock and interests in incorporated/ unincorporated business					
14. Interests in partnerships/joint ventures					
15. Bonds					
16. Accounts receivable					
17. Alimony/family support to which you are entitled					
18. Other liquidated debts owed to you, including tax refunds					
19. Equitable or future interests or life estates					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
20. Interests in estate of decedent or life insurance plan or trust					
21. Other contingent/ unliquidated claims, including tax refunds, counterclaims					
22. Patents, copyrights, other intellectual property					
23. Licenses, franchises					
24. Customer List or other compilation					
25. Automobiles, trucks, motorcycles, quads, ATVs trailers, and accessories, motorcycles,					
26. Boats, motors, and accessories					
27. Aircraft and accessories					
28. Office equipment, supplies					
29. Machinery, fixtures etc. for business					
30. Inventory for business					
31. Animals, pets, livestock					
32. Crops-growing or harvested					
33. Farming equipment and implements					
34. Farm supplies, chemicals, feed					
35. Injury Claims.					

Type of Property	Yes/ No	Description & Location	Husband, Wife, Joint, Community	Value	Office Use Only Exemptions?
36. Time Shares.					
37. Inheritance or anticipated inheritance in the next 6 months.					
38. Other personal property of any kind not listed.					

Your questions:

Section 3 ➤ Debts – List everybody you owe.

List below all debts that you owe, or that creditors claim that you owe.

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Home loans/ mortgages Attach additional pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor Name/Address _____ _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____			
Home loans/ mortgages	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor Name/Address _____ _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Car loan Attach additional pages as necessary What vehicle does this loan apply to: _____ _____	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor Name/Address _____ _____ _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____			
Car loans What vehicle does this loan apply to: _____ _____	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor Name/Address _____ _____ _____ _____ _____ Property plan: <input type="checkbox"/> Keep <input type="checkbox"/> Surrender Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Other bank loans Attach additional pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ _____ Is Debt Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			
Personal loans	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ _____ Is Debt Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			
Student loans Attach additional pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ _____ Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Department store credit card debts Attach additional pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred:: _____ Collection agency: _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ _____ Is Debt Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			
Department store credit card debts Attach additional pages as necessary	Creditor name and address: _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ _____ Is Debt Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			
Other credit card debts (Gas cards, phone cards, etc.) Attach additional pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ _____ Is Debt Secured?: <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid medical bills Attach page with additional medical bills if necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Monthly payment: _____ Number of months left: _____			
Unpaid utility bills Attach pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Monthly payment: _____ Number of months left: _____			
Unpaid rent	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid taxes	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			
Unpaid alimony or child support Attach pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Monthly payment: _____ Number of months left: _____			
Unpaid service fees	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards (Visa, AM Ex, Mastercard, Discover)	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Secured by: _____ _____ Monthly payment: _____ Number of months left: _____			
Unpaid credit cards, Visa, AM Ex, Mastercard, Discover) Attach pages as necessary	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Secured by: _____ _____ Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards (Visa, AM Ex, Mastercard, Discover)	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Secured by: _____ _____ Monthly payment: _____ Number of months left: _____			
Unpaid credit cards (Visa, AM Ex, Mastercard, Discover)	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Secured by: _____ _____ Monthly payment: _____ Number of months left: _____			

Type of Debt	1. Creditor Name and Address 2. Account Number, if any 3. Date/range of dates when debt was incurred 4. Collection agency or collection attorney's name and address, if different	Amt owed	Name and address of codebtor, if any What is debt for? Is debt secured by any property? (If so, please list monthly payment and number of months left.)	Do you dispute the debt?	Office Use Only	
					Sched D, E or F?	Lawsuit pending? Collection agency assigned? Counsel for creditor?
Unpaid credit cards (Visa, AM Ex, Mastercard, Discover) or other	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Secured by: _____ - Monthly payment: _____ Number of months left: _____			
Any other type of debt (include all possible debts)	Creditor name and address: _____ _____ _____ Zip _____ Account #: _____ Date debt was incurred: _____ Collection agency: _____ _____ _____ Zip _____		Co-debtor name and address: _____ _____ _____ Is Debt Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Secured by: _____ - Monthly payment: _____ Number of months left: _____			

Section 4 Unexpired Leases and Contracts (Schedule G)

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases, and service or business contracts.

Nature and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires

Your Questions:

Section 5 Current Income

Please provide the following information regarding your income. You must fill out this portion of the form—do NOT give us paystubs instead of filling in the information; we need YOU to fill in the information requested below:

Marital Status: <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, their ages, and their relationship to you:		
	Name	Age	Relationship

Part A. Debtor's Income 1 What is your occupation? _____ 2 Name and address of your employer: _____ _____ _____ 3 How long have you been employed there? _____ 4 How often are you paid _____	Part B. Joint Debtor's Income 1. What is your spouse's occupation? _____ 2. Name and address of your spouse's employer: _____ _____ _____ 3. How long have you been employed there? _____ 4. How often are you paid _____
--	---

	DEBTOR	JOINT DEBTOR
Current monthly gross wages, salary, and commissions		
Estimated monthly overtime		
SUBTOTAL		
LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security		
b. Insurance		
c. Union dues		
d. Mandatory payroll deductions		
e. Other payroll deductions		
SUBTOTAL OF PAYROLL DEDUCTIONS		
TOTAL NET MONTHLY TAKE HOME PAY		
Regular income from operation of business or profession or farm		
Income from real property		
Interest and dividends		
Alimony, maintenance or support payments payable to the debtor's use or that of dependents listed above		
Social security or other government assistance		
Pension or retirement income		
Other monthly income		
TOTAL MONTHLY INCOME		

Do you expect your income to increase or decrease within the next year? YES NO If YES, give details:

11.

Section 5A Current Monthly Income

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the categories varies from month to month, complete the below chart by entering in your income for all six months.

IMPORTANT NOTE: Please fill out this page completely, starting with the current month of income. Failure to complete this page can result in additional fees.

	This Month ____/____	Last Month ____/____	2 Months ago ____/____	3 Months ago ____/____	4 Months ago ____/____	5 Months ago ____/____	6 Months ago ____/____
GROSS wages, salary, tips, bonuses, overtime, commissions.							
List the Employer for each month.							
Gross wages, salaries tips etc for second job							
Employer for second job(s)							
Income from operation of business: a. Gross Income - b. Expenses = c. Net Income.							
Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income.							
Interest, dividends, and royalties.							
Pension and retirement income (<i>NOT Social Security</i>).							
Regular contributions from others to the household expenses, including child support.							
Unemployment Compensation.							
Social Security income.							
Other sources not already mentioned. Specify:							

Section 6 Current Expenses

Do you and your spouse maintain separate households? No Yes. If so, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month:

1. your rent or your home mortgage \$ _____
Does that amount include real estate taxes? No Yes
Does it include property insurance? No Yes
 2. electricity and heating \$ _____
 3. water and sewage \$ _____
 4. telephone service/long distance \$ _____
 5. Do you have any other utility bills? If so, what, and how much per month?
_____ \$ _____
_____ \$ _____
_____ \$ _____
 6. home maintenance, including repairs and general upkeep \$ _____
 7. food \$ _____
 8. clothing \$ _____
 9. laundry and dry cleaning \$ _____
 10. medical and dental expenses \$ _____
 11. transportation (not including car payments) \$ _____
 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. installment payments for car, furniture, etc. (Specify)
_____ \$ _____
_____ \$ _____
_____ \$ _____
 17. alimony, maintenance, child support, **not deducted from paycheck** \$ _____
 18. payments for support of dependents not living at home \$ _____
 19. expenses from operation of business \$ _____
- Additional Expenses (707(b) Expenses)**
20. mandatory payroll deductions not already listed _____ \$ _____
_____ \$ _____
_____ \$ _____

21. court ordered payments not already listed _____	\$ _____
_____	\$ _____
_____	\$ _____
22. education necessary to maintain employment	\$ _____
23. education for a physically or mentally challenged child	\$ _____
24. childcare	\$ _____
25. disability insurance (if not listed on line 14)	\$ _____
26. health savings accounts	\$ _____
27. care for elderly, chronically ill, or disabled family members	\$ _____
28. protection from family violence	\$ _____
29. education expense for your children under 18	\$ _____
30. non-mandatory contributions to retirement accounts (including loan repayment)	
_____	\$ _____
_____	\$ _____
31. Other expenses not listed above _____	\$ _____
_____	\$ _____
32. Are you or your spouse expecting any increase or decrease in expenses next year? If so, explain:	
_____	\$ _____
_____	\$ _____
TOTAL MONTHLY EXPENSES	\$ _____

Section 7 Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under chapter 12 or 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, check the "NONE" box.

1 **Employment income** or income from operation of business

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

Time Period	Source	Dollar amount	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 – pensions, support, Social Security

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

NONE

Time Period	Source	Dollar amount	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)			

3. Payments to creditors

- a. *If your debts are primarily consumer debts*, 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. **This should include mortgage or automobile payments that total more than \$600 in the past 90 days.**

NONE

Creditor Name	Dates of Payments	Amount paid	Amount still owed
Mortgages			
Car payments: (more than \$200.00 per month)			
Credit cards (paid more than \$200.00 per month)			

b. If your debts are **not** primarily consumer debts, list each payment or other transfer, aggregating more than \$5,000 to any creditor made within **90 days** immediately preceding the commencement of this case.

NONE

Name and Address of Creditor	Dates of Payments	Amount paid	Amount still owed
------------------------------	-------------------	-------------	-------------------

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

NONE

Insider Name/Address and Relationship to You	Payment date	Amount Paid	Amount Still Owed
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4. Suits, executions, garnishments and attachments

a. 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 and Case Number	Nature of Proceeding	Court or Agency and Location	Status or Disposition
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b. Describe all property that has been garnished, seized, or attached under any legal or equitable process within **one year** immediately preceding the commencement of this case.

NONE

Name and Address of Person/Company That Seized the Property (Creditor)	Date of Seizure	Description and Value of Property
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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 and Address of Creditor	Date of Repossession, Foreclosure, Transfer or Return	Description and Value of Property
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6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case.

NONE

Name and Address of Assignee	Date of Assignment	Terms of Assignment/Settlement
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b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case.

NONE

Name and Address of Custodian	Name and location of Court, Case Title and Number	Date of Order	Description and Value of Property
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7. Gifts

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient.

NONE

Name and Address of Recipient	Relationship to You, if Any	Description of Gift	Value of Gift
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8. Losses

List all losses from fire, theft, gambling or other casualty within **one year** immediately preceding the commencement of this case **or since the commencement of this case.**

NONE

Description and Value of Property	Description of Circumstances and Amount Covered by Insurance, if Any	Date of Loss
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9. Payments related to debt counseling or bankruptcy

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consultation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of the case.

NONE

Name and Address of Payee	Date of Name of Person Who Paid, if Not You	Amount of Money/ Description and Value of Property
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10. Other transfers (including sale of your property)

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within **two years** immediately preceding the commencement of this case.

NONE

Name and Address of Transferee and Relationship to you	Description of Property Transferred	Date of Transfer	Value Received
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b. List all property you transferred within **10 years** immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.

NONE

Name of Trust or Similar Device	Date of Transfer	Amount of Money or Description and Value of Property or Interest
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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 People With Access to Box or Depository	Description of Contents	Date of Transfer, if Any
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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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b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE

Site Name and Address	Name and Address of Governmental Unit	Date of Notice	Environmental Law
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NONE

Name and Address of Governmental Unit	Docket Number	Status or Disposition
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18 . Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the **six years** immediately preceding the commencement of this case.

NONE

Name	Taxpayer I.D. Number(EIN)	Address	Nature of Business	Beginning and End Dates of Operation
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b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NONE

Name	Address
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