

DEBTOR QUESTIONNAIRE

You may print this out and bring it with you to the appointment.

Please Answer these questions to the best of your information and belief. Short and general answers are sufficient . Values are estimates, based on fair market value or what you would receive at an auction or sale. Any questions that do not apply, you may leave blank.

Name Social Security#: _____

Spouse: Social Security#: _____

Address: City/State: _____

Zip: _____

Alternate mailing

address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell:
(____) _____

Members of Household: State names ages and relationship of all persons in your household:

RENTERS: Name and address of
landlord: _____

Give us the date lease signed and terms: _____ Are you
current on rent payments? _____

PURCHASING HOME

Name(s) on deed: _____ Number
of mortgages on property: _____

List each mortgage holder and amount owed, and when you financed or refinanced the property.

_____ Amount: _____

Date: _____

_____ Amount: _____

Date: _____

What is the approximate Fair Market Value for the
property?: _____

What is your monthly mortgage payment(s)?:\$ _____

Are you behind? _____ If yes, how many payments behind: _____

Is there a foreclosure date on your home? _____ If so, provide the date: _____

Lender name: _____ Date purchased/last refinanced:

Do you own any other real estate, including time shares? _____

If yes, please provide: 1) approximate Fair Market Value; _____

2) All names on deed, all mortgages on
property _____

3; the
lenders _____

VEHICLES

1): Year: Make: Model of each vehicle: Type of each vehicle: (e.g. truck, car, SUV,
etc.) _____

Whose name is on the
title(s)? _____ Current
mileage(s): _____

How much do you owe on the vehicle? _____ Lender
name: _____

What is your monthly payment on each vehicle? \$ _____ If you are
behind, how many months? _____

Date Purchased: _____ Fair Market Value: _____

ALL OTHER PERSONAL PROPERTY.. Just provide short general answers. Estimate value as
auction or quick sale value. Leave blank if the answer is no.

1. How much **cash** do you usually have on hand? \$ _____

2 Do you have a checking, savings or any other type of bank account? _____ If so, list each
account, and estimate the balance after bills are paid:

3. Do you have any security deposits placed with a landlord or utility company? _____

If so, how much and with whom?

4. Describe generally your household goods and provide garage sale or auction values for each item:

5. Do you own any paintings, art, books, pictures, antiques or collections of value? If so, list along with value:

6. How much would you get for your clothing if you sold it at a garage sale? _____

7. Do you own any furs or jewelry? If so, list along with value:

8. Do you own any firearms, sports equipment, photo, and hobby equipment? _____

9. Do you have any interest in insurance policies. _____
(name company and surrender value)

10. Do you have, an interest in annuities? _____ Itemize and name each issuer:

11. Do you have an Interest in IRA, 401(k), profit sharing, or pension plan? _____

12. Do you own any stocks and/or interests in companies or corporations. _____

13. Do you have, interests in partnerships. _____

14. Do you have any Government and corporate bonds, negotiable/non-negotiable instruments,

15. Do you have any accounts receivable. _____

16. Are you owed any alimony/maintenance, back child support? _____

17. Does anyone owe you any money? _____

18. Are you going to inherit anything. _____ Do you have a trust in your name. _____

If so, please describe. _____

19. Are you entitled to any life insurance policy or trust. _____

20. Do you have a claim against anyone for personal injury or workers compensation. _____

21. Can you sue anyone for any reason. _____

22. Are you currently entitled to a tax refund.

23. Do you own any patents, copyrights, license or franchises, or have other general intangibles _____

24. Do you have any boats, motors, trailers, or aircraft. _____

25. Do you own any office equipment, furnishings, and supplies, computer equipment. _____

26. Do you own any tools machinery, fixtures, equipment, & supplies _____

Have you received any cash advances or payday loans in the last 90 days? _____

Have you done any balance transfers within the last 12 months? _____

Have you transferred any property or money to another individual in the last 4 years? _____

Please state your and your spouse's Income from Employment or Operation of Business for this year and the prior two years.

Debtor

Spouse

1. Income, year to date:

Last year: _____

Year before:

Source(s): _____

2. Do you have any income from Social Security, Pension, Child Support

Income year to date:

Last year: _____

Year
before _____

Source(s): _____

3. Payments to Creditors. a. List all payments on loans, installments, purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately preceding: _____

b. List all payments made within one year preceding the commencement of this case to creditors who are or were insiders, that are relatives or friends.

Creditor: _____

Address: _____

Amount paid: _____ Payment dates: _____ amount
owing: _____

4. Suits, Executions, Garnishments and Attachments. Are you being sued, _____

please provide the
details. _____

5. Describe all property that has been attached, garnished repossessed, foreclosed upon or returned within 1 year.

6. Gifts. List all gifts or charitable contributions made within one year immediately preceding the commencement of this case in excess of \$200 in value.

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

8. Have you paid anyone for services Related to Debt Counseling or Bankruptcy.

9. Closed Financial Accounts. List all financial accounts closed within the past year.

10. Do you have a safe deposit box? _____

11. List any property you are holding for another Person. _____

12. Address of Debtor. List all addresses used for the past three years:

13. Have you filed bankruptcy before? Yes No

If yes, When & Where & Chapter Received a discharge?

EMPLOYMENT-PRIMARY

1) Employer name and address:

Job Title: _____ How often are you paid?

Length of time on the job: _____ Annual salary/hourly wage:\$

Gross paycheck before deductions: \$ _____ Net paycheck after deductions: \$

EMPLOYMENT-2ND JOB

2) Employer name and address:

Job Title: _____ How often are you paid?

Length of time on the job: _____ Annual salary/hourly wage:\$

Gross paycheck before deductions: \$ _____ Net paycheck after deductions: \$

EMPLOYMENT-SPOUSE

1) Employer name and address:

Job Title: _____ How often are you paid?

Length of time on the job: _____ Annual salary/hourly wage:\$

Gross paycheck before deductions: \$ _____ Net paycheck after deductions: \$

EMPLOYMENT-SPOUSE 2ND JOB

2) Employer name and address:

Job Title: _____ How often are you paid?

Length of time on the job: _____ Annual salary/hourly wage:\$

Gross paycheck before deductions: \$ _____ Net paycheck after deductions: \$

Do you have other monthly income? If so, please describe:

MONTHLY EXPENSES State your expenses for the categories listed.

Rent/mortgage/pad Rental _____ Includes Taxes or Insurance? (Circle) Y N<

Electricity and Gas _____

Water Sewer Trash _____

All Telephone Services _____

Security System _____

Cable Internet _____

Home Repairs and Maintenance _____

Food / Groceries _____

Clothing for You and Family_____

Laundry and Dry Cleaning for You and Family_____

Medical/Dental Expenses for You and Family_____

Gas and Repairs / Maintenance for Car(s) (Average Monthly)_____

Recreation, Entertainment, Newspaper, Magazines, Etc. _____

Charitable or Church Contributions _____

Homeowner's / Renters Insurance _____

Life Insurance _____

Health Insurance (Premiums Not Paid by Employer) _____

Auto Insurance _____

Other Insurance _____

Taxes Not Withheld from Paycheck _____

Auto Installment Payment _____

Any Other Necessary Installment Payment such as taxes, student loans. _____

Alimony or Child Support Due Monthly _____

Payment for Support of Dependents Not Living at Home _____

Expenses from Business or Profession _____

Childcare _____

Haircuts, beauty grooming for family. _____

School expenses _____

Other Expenses: _____