

# Sasser Law Firm Client Questionnaire

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We understand that filing bankruptcy can be a stressful time for many people. We have put together the following checklist to simplify the process for you. Please return the requested items below that apply to you. This is your next step. There are several ways you can return your paperwork to us: **Email attachments** (please use Mary's email above. Mary is the legal assistant who will be walking you through the initial process), **fax, by mail** or **in person**. You do not need an appointment to drop off your paperwork.

**It is important to fill out the questionnaire as accurately and completely as possible. Please attach the following documents (if in your possession) when returning the questionnaire.**

Originals will be returned to you at the signing appointment or upon your request.

## Checklist:

**Credit counseling certificate** To obtain a certificate, please go to [www.abacuscc.org](http://www.abacuscc.org), and click on 'Start Now' under First Course. Complete the course and continue on to receive the certificate. Please be sure to select **Wake County as your county**. One of the last pages will ask for your personal information, as well as your Lawyer/Paralegal information. Fill out your personal information and to ensure that our office pays for the course, under Lawyer/Paralegal information, input the attorney code **ACC-94361**

\*Important note- you must choose the chat or phone call option to have your certificate issued.

**\$100.00 deposit** if you intend to file a **chapter 7** bankruptcy case.

All available **pay stubs** from the past 7 months including those of a non-filing spouse.

Copies of **signed federal and state tax returns** for the prior two years with W2s, 1099s and other attachments.

If you are required to pay child support, a copy of the **child support court order**.

**Bank statements** for the last 7 months (actual bank statements, not printouts of activity from the internet, please)

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## Section 1 Credit Report Authorization and Release

Authorization is hereby granted to Sasser Law Firm to obtain a standard factual data credit report from Experian National Resource Center (Experian) and Trans Union.

My signature below authorizes the release to Experian and Trans Union a copy of my credit application, and authorizes Experian and Trans Union to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc.). Authorization is further granted to Experian and Trans Union to use a photostatic reproduction of this authorization if necessary to obtain any information regarding the above mentioned information.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence, and holds Travis Sasser, Experian and Trans Union harmless in so mailing the copy requested. Experian's address is: Experian, 701 Experian Parkway, PO Box 2002, Allen, TX 75013.

Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

Applicants hereby authorize Sasser Law Firm to seek out all manner of information related to my debts, assets, income, expenses, court records, prior bankruptcies, etc. This includes but is not limited to searches on Accurint.com

\*Name: \_\_\_\_\_  
*First Middle Last Suffix (Jr. Sr., etc)*

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

\*Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*Date of birth: \_\_\_\_\_ \*Signature (required): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*County: \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

If you have a different mailing address, please list:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Contact Information: Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: [if it is ok to call at work]: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*Marital status: (please check one)  Single  Married  Divorced  Separated  Widowed

# Spouse's Credit Report Authorization and Release

(Only fill out if spouse is filing bankruptcy with you)

\*Name: \_\_\_\_\_  
*First Middle Last*

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

\*Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*Date of birth: \_\_\_\_\_ \*Signature (required): \_\_\_\_\_

\*Do you live at the same address as your spouse?  No  Yes If no, please let us know your address:

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*County: \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

If you have a different mailing address, please list:

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Contact Information: Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: [if it is ok to call at work]: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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## Section 2 Basic Information

1. Which chapter of bankruptcy are you intending to file? (please check one)

Chapter 7

Chapter 13

Undecided

2. Is your case time sensitive? (for example, a pending foreclosure, repossession, or lawsuit) (please check one)

Yes

No

I'm not sure

3. How did you hear about us? (please check one)

Individual: \_\_\_\_\_  Attorney: \_\_\_\_\_  Yellow Pages  CPA: \_\_\_\_\_

Nolo.com  Internet/Web Search  Legalzoom  I am a returning client  Other: \_\_\_\_\_

4. Have you filed a bankruptcy case in the last 8 years? (please check one)

No  Yes

If yes, please provide the following, if known:

Case Number: \_\_\_\_\_ Date filed: \_\_\_\_\_ Judge: \_\_\_\_\_

In which district of which state was the case filed? \_\_\_\_\_

5. Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business, or have any been filed in the last 8 years? (please check one)

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? \_\_\_\_\_

6. 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, or do you own property that needs immediate attention? (please check one)

No  Yes (If yes, please provide details.)

7. In the next 6 months if you expect to become entitled to receive a bequest, devise, inheritance, life insurance proceed or property settlement then provide the relevant details.

\_\_\_\_\_  
\_\_\_\_\_

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### Section 3 🏠 Residence and Real Property Information

Do you rent your current residence? (please check one)  Yes  No (If yes, answer questions 1-5. If not, skip to #6.)

1. How much is your security deposit with your landlord? \_\_\_\_\_

2. When does your lease expire? \_\_\_\_\_

3. Do you intend to maintain the lease/contract? (please circle one) Yes No

4. Name and address of other party or parties in your residential lease:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. What is the name and address of your landlord? (if you are intending to assume your lease, your landlord will not be notified of the bankruptcy)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Is your current landlord seeking to evict you? (circle one) Yes No

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you contest the basis of the eviction? (circle one) Yes No

**Do you own any real estate? (please check one)  Yes  No**

(If yes, complete the next section for each property you own. If no, skip to #7.)

List all real estate which you own or are a joint owner of, even if you owe money on the property.

Address of the property:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you ever had or applied for a loan modification or government mortgage assistance program? If so, please provide details here: \_\_\_\_\_

Is this property a: (please check one)

- Single-family home
- Duplex or multi-unit building
- Condominium or community property
- Manufactured or mobile home
- Land
- Investment property
- Other \_\_\_\_\_

Who owns this property?

- Husband
- Wife
- Husband and Wife
- Self
- Someone else (Who?) \_\_\_\_\_ (What is your percentage of ownership, or \$ amount? \_\_\_\_\_)

What is the current market value? \$ \_\_\_\_\_

Do you owe any money on this property? Please list all mortgages, 2<sup>nd</sup> mortgages, home equity loans or lines, etc.

Name of creditor: \_\_\_\_\_

Account# \_\_\_\_\_

What is the outstanding balance? \$ \_\_\_\_\_

What is your monthly payment? \$ \_\_\_\_\_

Are your real estate taxes or homeowners' insurance included in that payment? Yes No

Names of all who are liable for this debt: \_\_\_\_\_

If you are behind on payments, how many payments and/or what dollar amount are you behind? # of payments behind (if known) \_\_\_\_\_ Dollar amount behind \$ \_\_\_\_\_ If known, what is the reinstatement amount owed? \$ \_\_\_\_\_.

Do you intend to retain the property? (please circle one) Yes No

Do you owe any taxes on this property? If so, how much and for what year(s)? \$ \_\_\_\_\_ (year for which taxes are owed) \_\_\_\_\_

If you have additional property, please provide this same information on a separate sheet of paper and attach.

7. Do you own a burial plot or burial plots? If so, please describe and tell us the value:

8. Do you have an interest in a timeshare? (please circle one) Yes No (If yes, complete the following section. If no, skip to Section 4: Personal Property).

Unit and week or number of points: \_\_\_\_\_

Name and address of other party: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date contract expires: \_\_\_\_\_ Do you intend to maintain this contract? (please circle one) Yes No

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## Section 4 Personal Property Information

### Part 1: Vehicles (Cars, Trucks, Vans, Motorcycles, Sport Utility Vehicles, Tractors)

If you do not have an ownership interest in any vehicle, please skip to Section 4: Part 2.

For each vehicle you own, tell us the following (even if it is financed):

#### Vehicle 1:

Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

VIN# \_\_\_\_\_

Extras (for example, leather seats, navigation package, power sunroof, tow package, etc): \_\_\_\_\_

Who owns this vehicle?  Husband  
(Whose name(s) is/are on the title?)  Wife  
 Husband and Wife  
 Self  
 Someone else (Who?) \_\_\_\_\_

If this vehicle is not located normally at your residence, what is its location?

Does this vehicle have a loan/lien or lease associated with it? (please circle one) Loan Lease  
(If yes, please answer the following questions. If no, please skip to the next vehicle).

Creditor Name: \_\_\_\_\_

Account# \_\_\_\_\_

If there is a loan/lease on this vehicle, how much do you owe? \$ \_\_\_\_\_

What is your monthly payment? \$ \_\_\_\_\_

Who is liable for this debt? \_\_\_\_\_

If you are behind in payments, how many payments or what dollar amount?

# of payments behind (if known) \_\_\_\_\_ Dollar amount behind \$ \_\_\_\_\_

Do you intend to retain this vehicle? (please circle one) Yes No

If this vehicle is leased, when does that lease expire? \_\_\_\_\_

Do you intend to maintain this lease? (please circle one) Yes No

Does anyone else share responsibility for this debt? (please circle one) Yes No (If yes, please provide name and address)

Name \_\_\_\_\_

Address \_\_\_\_\_

Is there any other information you wish to note about this vehicle?

## Vehicle 2:

Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

VIN# \_\_\_\_\_

Extras (for example, leather seats, navigation package, power sunroof, tow package, etc):

Who owns this vehicle?  Husband  
 Wife  
 Husband and Wife  
 Self  
 Someone else (Who?) \_\_\_\_\_

If this vehicle is not located normally at your residence, what is its location?

Does this vehicle have a loan/lien or lease associated with it? (please circle one) Loan Lease  
(If yes, please answer the following questions. If no, but you do have other vehicles, please attach additional pages as needed for those vehicles. If no, and you do not own any other vehicles, please skip to Part 2).

Creditor Name: \_\_\_\_\_

Account# \_\_\_\_\_

If there is a loan/lease on this vehicle, how much do you owe? \$ \_\_\_\_\_

What is your monthly payment? \$ \_\_\_\_\_

Who is liable for this debt? \_\_\_\_\_

If you are behind in payments, how many payments or what dollar amount?

# of payments behind (if known) \_\_\_\_\_ Dollar amount behind \$ \_\_\_\_\_

Do you intend to retain this vehicle? (please circle one) Yes No

If this vehicle is leased, when does that lease expire? \_\_\_\_\_

Do you intend to maintain this lease? (please circle one) Yes No

Does anyone else share responsibility for this debt? (please circle one) Yes No (If yes, please provide name and address)

Name \_\_\_\_\_

Address \_\_\_\_\_

Is there any other information you wish to note about this vehicle?

Please use additional pages for any additional vehicles you own.

## Part 2: Boats, RVs, 4-wheelers, other vehicles and accessories

List any of the above you may own. If you do not own any of the above, skip to Part 3.

Make: \_\_\_\_\_ Year: \_\_\_\_\_

Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

VIN# (if applicable) \_\_\_\_\_

Extras:

Who owns this?

- Husband
- Wife
- Husband and Wife
- Self
- Someone else (Who?) \_\_\_\_\_

If this property is not located normally at your residence, what is its location?

Does this property have a loan/lien or lease associated with it? (please circle one) Loan Lease  
(If yes, please answer the following questions. If no, skip to Part 3).

Creditor Name: \_\_\_\_\_

Account# \_\_\_\_\_

If it is a loan/lease, how much do you owe? \$ \_\_\_\_\_

What is your monthly payment? \$ \_\_\_\_\_

Who is liable for this debt? \_\_\_\_\_

If you are behind in payments, how many payments or what dollar amount?



# of payments behind (if known) \_\_\_\_\_ Dollar amount behind \$ \_\_\_\_\_

Do you intend to retain this property? (please circle one) Yes No

If this property is leased, when does that lease expire? \_\_\_\_\_

Do you intend to maintain this lease? (please circle one) Yes No

Does anyone else share responsibility for this debt? (please circle one) Yes No (If yes, please provide name and address)

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

Address: \_\_\_\_\_

**Part 3: Household Items (do not skip this part)**

For the following items, please indicate who owns it and the resale value (not a replacement or purchase value):

Item description	Ownership (Husband, Wife, Joint, Self)	Resale Value
Small kitchen appliances (toaster, microwave, blender, etc.)		\$
Stove		\$
Refrigerator		\$
Freezer (stand-alone)		\$
Washing Machine/Dryer		\$
China/everyday dishes		\$
Silver/everyday flatware		\$
Living room and den furniture		\$
Bedroom furniture		\$
Dining room furniture		\$
Office furniture		\$
Lawn furniture/grill		\$
Lawn mower		\$
Tools (yard, carpentry, etc.)		\$
Musical Instruments		\$
Crops, growing or harvested		\$
Household/holiday decorations		\$
Electronics/Technology (TVs, cell phones, iPads, computers, stereos, DVD players, video cameras, video game systems, iPods, etc.)		\$
Other (please describe):		\$

<b>Other (please describe):</b>		\$
<b>Books, movies, music, video games</b>		\$
<b>Sports, photographic, hobby equipment (cameras, fishing poles, craft supplies, golf clubs, bicycles, exercise equipment, etc.)</b>		\$
<b>Firearms</b>		\$
<b>Collectibles (coins, stamps, art, figurines, etc., please describe)</b>		\$
<b>Clothing</b>		\$
<b>Jewelry (wedding rings, watches, costume jewelry, etc.)</b>		\$
<b>Pets (non-farm) (please describe):</b>		\$
<b>Farm animals (please describe):</b>		\$
<b>Other property of any kind not already listed (please describe):</b>		\$

**Part 4: Financial Assets** (do not skip this part)

Type of Account	Financial Institution	Ownership	Balance
		(Husband, Wife, Joint, Self)	
<b>Cash on hand</b>	<b>N/A</b>		\$
<b>Checking or Money Market</b>			\$
<b>Checking or Money Market</b>			\$
<b>Savings</b>			\$
<b>Savings</b>			\$
<b>HSA or FSA</b>			\$
<b>Certificate of Deposit</b>			\$
<b>Brokerage</b>			\$
<b>Bond Funds, Mutual Funds or stocks</b>			\$
<b>Bonds</b>			\$

<b>Retirement</b>			<b>\$</b>
<b>Pension</b>			<b>\$</b>
<b>401(k)</b>			<b>\$</b>
<b>IRA, Roth IRAs</b>			<b>\$</b>
<b>Annuities</b>			<b>\$</b>
<b>Education IRAs, 529 plans</b>			<b>\$</b>
<b>Trusts</b>			<b>\$</b>
<b>Intellectual property, patents, copyrights, trademarks, trade secrets</b>	<b>Describe:</b>		<b>\$</b>
<b>Licenses or franchises</b>	<b>Describe:</b>		<b>\$</b>
<b>Future tax refunds (expected)</b>			<b>\$</b>
<b>Family support (back child support or alimony) owed to you</b>			<b>\$</b>
<b>Claims/lawsuits against a third party</b>	<b>Describe:</b>		<b>\$</b>
<b>Do you or your spouse have any reason for suing a person, company, or organization for damages to your property or for personal injuries to you or your spouse or a family member?</b>			
<b>Other contingent and unliquidated claims of every nature</b>	<b>Describe:</b>		<b>\$</b>
<b>Other financial assets</b>	<b>Describe:</b>		<b>\$</b>
<b>Other amounts owed to you</b>	<b>Describe:</b>		<b>\$</b>

<b>Business Interests</b>	<b>Describe</b>		<b>\$</b>
<b>Property/money you will receive due to someone's death</b>	<b>Describe:</b>		<b>\$</b>
<b>Insurance policy interests</b>			<b>\$</b>

**Do you or your spouse own anything else that you or your spouse haven't already listed during this questionnaire? If so, please list here:**

**For all life insurance policies, including term policies provided through your employer:**

**Life Insurance Policy 1:**

**What is the name of the insurance company?** \_\_\_\_\_

**Who is insured?** \_\_\_\_\_

**Who is the beneficiary?** \_\_\_\_\_

**What is the policy number? #** \_\_\_\_\_

**What is the cash value (surrender value), if any? \$** \_\_\_\_\_

**Life Insurance Policy 2:**

**What is the name of the insurance company?** \_\_\_\_\_

**Who is insured?** \_\_\_\_\_

**Who is the beneficiary?** \_\_\_\_\_

**What is the policy number? #** \_\_\_\_\_

**What is the cash value (surrender value), if any? \$** \_\_\_\_\_

**Please attach additional pages as needed for additional financial assets.**

## Section 5 Debts

Please list all debts you owe or that creditors claim that you owe. List the debt even if you plan to reaffirm or maintain it after bankruptcy. Please attach additional pages as needed. **Important Note: You do not have to list the debt here if you include a recent statement from the creditor.**

### 1. Home loan or mortgage (if not already listed in Section 3 above):

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you agree with the creditor's calculation of the debt?</b>	<b>Describe the property this loan or mortgage is related to, and include your ownership interest, if any:</b>

### 2. Car loan or lease (if not already listed in Section 4 above):

#### Car Loan or Lease #1

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Is this a loan or lease?</b>	<b>If it is a lease, when does the lease expire?</b>

**Car Loan or Lease #2**

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Is this a loan or lease?</b>	<b>If it is a lease, when does the lease expire?</b>

**3. Delinquent HOA dues:**

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Collection agency, law firm or debt buyer collections on this debt:</b>

**4. Personal Loans (including loans from friends and family members that you plan to repay):**

**Personal loan #1**

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name and Address:</b>	<b>Account Number, if any</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>If this is a family member or a friend, have you repaid any money to this person?</b>

Personal loan #2

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name and Address:</b>	<b>Account Number, if any</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>If this is a family member or a friend, have you repaid any money to this person?</b>

Personal loan #3

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name and Address:</b>	<b>Account Number, if any</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>If this is a family member or a friend, have you repaid any money to this person?</b>

**Please attach additional pages as needed for additional personal loans.**

**5. Student Loans** (you must list all student loans, even if they are not going to be discharged or they are in forbearance):

Student loan #1

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b> \$ <b>Monthly payment</b> \$
<b>Name and address of any co-debtor:</b>	<b>Are you currently paying this debt?</b>	<b>If you are currently paying this debt, are you current with payments?</b>

Student loan #2

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b> \$ <b>Monthly payment</b> \$
<b>Name and address of any co-debtor:</b>	<b>Are you currently paying this debt?</b>	<b>If you are currently paying this debt, are you current with payments?</b>

**Please attach additional pages as needed for additional student loans.**



**6. Credit Cards** (include major credit cards as well as store credit cards, gas cards, phone cards, etc.):

Credit card #1

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Credit card #2

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Credit card #3

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Credit card #4

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Credit card #5

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Credit card #6

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

**Credit card #7**

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

**Credit card #8**

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

**Please attach additional pages as needed for additional credit cards.**

**7. Medical Bills** (include any medical bills you owe, including those that are for dependent children or a non-filing spouse):

**Medical bill #1**

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>What was the date of service, if known?</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Medical bill #2

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>What was the date of service, if known?</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Medical bill #3

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>What was the date of service, if known?</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Medical bill #4

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>What was the date of service, if known?</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Please attach additional pages as needed for additional medical bills.

**8. Unpaid Utility Bills** (include only if you are significantly delinquent):

Utility bill #1

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Utility bill #2

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

**9. Unpaid Rent** (include only if you are significantly delinquent or not intending to continue your lease):

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name and Address:</b>	<b>Account Number</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

**10. Taxes (include any amounts you have not yet paid):**

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone els

<b>Creditor Name:</b>  IRS	<b>Year(s) for which taxes are owed:</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>  <b>Have you had/are you having your wages garnished in relation to this debt?</b>	<b>Reason for which taxes are owed, if not for income taxes:</b>

<b>Creditor Name:</b>  NC Department of Revenue (or other state, please indicate):	<b>Year(s) for which taxes are owed:</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>  <b>Have you had/are you having your wages garnished in relation to this debt?</b>	<b>Reason for which taxes are owed, if not for income taxes:</b>

**11. Other taxes not already listed elsewhere:**

<b>Creditor Name:</b>	<b>Year(s) for which taxes are owed:</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>  <b>Have you had/are you having your wages garnished in relation to this debt?</b>	<b>Reason for which taxes are owed:</b>

**Other important questions related to taxes and/or other money owed to the government:**

1. Have any unpaid taxes for you or your spouse resulted in a claim being placed on your property?  
(circle one) Yes No

**If so, please briefly describe this tax lien in as much detail as possible:**

**To which agency do you owe this money?**

**Who owes this debt?**

**Does anyone else share responsibility for this debt?**

**When is it from?**

**What is the case# associated with this lien?**

**How much do you owe?**

**Have you paid more than \$600 to this creditor in the last 90 days?**

2. Besides taxes, do you or your spouse owe any other money to the government for any reason?  
(an example would be an overpayment of benefits)  
(circle one) Yes No

**If so, please briefly describe this debt in as much detail as possible:**

**Who owes this debt?**

**What is this debt for?**

**Does anyone else share responsibility for this debt?**

**When is it from?**

**What is the debt owed for?**

**How much do you owe?**

**Have you paid more than \$600 on this debt in the last 90 days**

**12. Alimony and Child Support you owe**

**\*You must submit a copy of related court order, if applicable\***

Domestic support obligation #1

Whose debt is this?  Husband  Wife  Self

<p><b>Name, address and phone # of person you owe:</b></p> <p>Name: Address: Phone:</p>	<p><b>Amount Owed per month:</b></p> <p>\$ _____</p>
<p><b>Is this agreement formal (court ordered) or informal?</b></p>	<p><b>Are you current on this obligation? (please circle one)</b></p> <p>Yes No</p> <p><b>If not, how much are you behind? \$ _____</b></p>

## Domestic support obligation #2

Whose debt is this?  Husband  Wife  Self

<b>Name, address and phone # of person you owe:</b>  Name: Address:  Phone:	<b>Amount Owed per month:</b>  \$ _____
<b>Is this agreement formal (court ordered) or informal?</b>	<b>Are you current on this obligation? (please circle one)</b>  Yes    No  If not, how much are you behind? \$ _____

### 13. Unpaid Service Fees

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number:</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>



### 14. All other unpaid debts/bills:

Other #1

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number:</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Other #2

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number:</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Other #3

Whose debt is this?  Husband  Wife  Joint  Self  Myself and someone else

<b>Creditor Name:</b>	<b>Account Number:</b>	<b>Amount Owed</b>
<b>Name and address of any co-debtor:</b>	<b>Do you dispute this debt?</b>	<b>Other information:</b>

Please attach additional pages as needed for any other debts you owe.

**Have you or spouse ever sued or been sued any other person, company, or organization?  
(circle one) Yes No**

**If so, please answer as much of the following as possible:**

**What is the title or caption of the case?**

**What is the case#?**

**What is the name of the court? (Where did it take place?)**

**What is the status of this case?  Pending/In Progress  Under Appeal  Concluded**

**If applicable, when did the court issue its ruling?**

**Do you or your spouse owe anything as a result of this lawsuit?**

**If so, how much?**

**Additional information you wish to include:**

**Have you or your spouse been involved in an administrative agency case (unemployment, worker's compensation, etc.) in the past 12 months?**

**If so, please answer as much of the following as possible:**

**Who was involved in this case?**

**What is the agency's name?**

**What is the case#?**

**Please describe the circumstances here:**

**Please attach additional pages as needed for any other lawsuits.**

## Section 6 Leases and Contracts

List below any leases or contracts that are still current to which you are a party. This would include but not be limited to residential, vehicle, business leases, service or business contracts, timeshares, cell phone contracts, rent to own agreements and gym memberships.

Type of Lease or Contract	Date lease or contract expires	Name and address of other party or parties	Do you wish to maintain this lease or contract after filing bankruptcy?	What is your monthly payment?
Ex. Residential lease	Expires December 2017	John Doe 123 John Doe's Street Cary, NC 27518	Yes	\$900
Ex. Fitness Club United	Month-to-month contract	Fitness Club United 456 Get in Shape Lane Cary, NC 27518	No	\$99

## Section 7 Income Information (do not skip this section)

### Yourself:

#### Part 1.

Do you receive:	(Please circle)	Monthly amount	Has this been exactly the same for the last six months?
Interest or dividends?.....	Yes No.....	\$ _____	Yes No
Income from real estate property?.....	Yes No.....	\$ _____	Yes No
Alimony or child support payments for your use or the use of your dependents? .....			
	Yes No.....	\$ _____	Yes No
Unemployment compensation?.....	Yes No.....	\$ _____	Yes No
Social security or other government assistance? .	Yes No.....	\$ _____	Yes No
Food stamps?.....	Yes No.....	\$ _____	Yes No
Retirement or pension?.....	Yes No.....	\$ _____	Yes No
Assistance from another source (parents, relatives, friends, etc.)?.....			
	Yes No.....	\$ _____	Yes No
Income from a network marketing company (such as Avon, Mary Kay, Amway, Lularoe, Norwex, Rodan + Fields, etc)?.....			
	Yes No.....	\$ _____	Yes No
Any other source of income, besides employment, not already listed? (please explain).....			
	Yes No.....	\$ _____	Yes No

**Part 2.** Are you currently employed? (please circle one) Yes No (If no, skip to Part 3). (If you are **self-employed**, or own your own business, please include your income information in Section 9).

1. What is your occupation? \_\_\_\_\_
2. Name and address of your employer:

\_\_\_\_\_

3. What was your start date? (an estimate is okay): \_\_\_\_\_
4. How often do you get paid? (please check one)
  - once a week       every two weeks       twice a month
  - once a month       other: \_\_\_\_\_

**Important Note: If you are providing pay stubs for the six months prior to filing, you may now skip to Part 3.**

5. What is the gross amount of your paycheck, before taxes/other deductions are taken out?  
\$ \_\_\_\_\_
6. Do you receive overtime pay outside of your salary? If so, how much per paycheck?  
\$ \_\_\_\_\_  N/A
7. How much is taken out of each paycheck for taxes, Medicare and social security?  
\$ \_\_\_\_\_  N/A
8. How much is taken out of each paycheck for mandatory contributions for retirement plans?  
\$ \_\_\_\_\_  N/A

9. How much is taken out of each paycheck for voluntary contributions for retirement plans?  
\$ \_\_\_\_\_  N/A
  10. How much is taken out of each paycheck for required repayments of retirement fund loans?  
\$ \_\_\_\_\_  N/A
  11. How much is taken out of each paycheck for insurance? \$ \_\_\_\_\_  N/A
  12. How much is taken out of each paycheck for contributions for health savings accounts or flexible spending accounts? \$ \_\_\_\_\_  N/A
  13. How much is taken out for alimony or family support obligations? \$ \_\_\_\_\_  N/A
  14. How much is taken out for union dues? \$ \_\_\_\_\_  N/A
  15. Are there any other deductions? Yes No if yes, what are they and how much?
- 

**Are you expecting any increase or decrease in salary or income of any type in the next year? If so, please explain:** \_\_\_\_\_

---

**Is there any other information about your income that was not covered above (except for self-employment, business-related income)? Please tell us about it:** \_\_\_\_\_

---

**Part 3.** Income information for the six months prior to filing: (Fill this out if your income varies from month to month for one or more of the below categories. If your income is always the same every month, and you do not have any fluctuations in any of the below categories, you may skip to Part 4.)

	Last month	2 months ago	3 months ago	4 months ago	5 months ago	6 months ago
Gross wages, salary, tips, bonuses, overtime, commissions						
Rental income (Gross income-Expenses=Net income)						
Interest, dividends and royalties						
Pension or retirement income, including early withdrawals						
Social security						
Unemployment compensation						
Regular contributions from others to the household expenses, including child support						
Other: (Please explain)						

**Part 4.**

Gross Income from **all sources** for the 2 years prior to filing: (Include all sources of income, even those that are not taxable)

Last Year

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Two Years Ago

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Your Spouse:**

\*\*\*Important note: (this must be filled out whether spouse is or is not filing bankruptcy)\*\*\*

**Part 1. Your Spouse’s information whether they are filing bankruptcy with you or not.**

Do you receive:	(Please circle)	Monthly amount	Has this been exactly the same for the last six months?
Interest or dividends?.....	Yes No.....	\$ _____	Yes No
Income from real estate property?.....	Yes No.....	\$ _____	Yes No
Alimony or child support payments for your use or the use of your dependent ...	Yes No.....	\$ _____	Yes No
Unemployment compensation?.....	Yes No.....	\$ _____	Yes No
Social security or other government assistance? .	Yes No.....	\$ _____	Yes No
Food stamps?.....	Yes No.....	\$ _____	Yes No
Retirement or pension?.....	Yes No.....	\$ _____	Yes No
Assistance from another source (parents, relatives, friends, etc.)?.....	Yes No.....	\$ _____	Yes No
Income from a network marketing company (such as Avon, Mary Kay, Amway, Lularoe, Norwex, Rodan + Fields, etc)?.....	Yes No.....	\$ _____	Yes No
Any other source of income, besides employment, not already listed? (please explain).....	Yes No.....	\$ _____	Yes No

**Part 2. Your Spouse's information whether they are filing bankruptcy with you or not.**

Are you currently employed? (please circle one) Yes No (If no, skip to Part 3) (If you are **self-employed**, or own your own business, please include your income information in section 9).

1. What is your occupation? \_\_\_\_\_
2. Name and address of your employer:  
\_\_\_\_\_

3. What was your start date? (an estimate is okay): \_\_\_\_\_
4. How often do you get paid? (please check one)  
 once a week       every two weeks       twice a month  
 once a month       other: \_\_\_\_\_

**Important Note: If you are providing pay stubs for the six months prior to filing, you may now skip to Part 3.**

5. What is the gross amount of your paycheck, before taxes/other deductions are taken out?  
\$ \_\_\_\_\_
6. Do you receive overtime pay outside of your salary? If so, how much per paycheck?  
\$ \_\_\_\_\_  N/A
7. How much is taken out of each paycheck for taxes, Medicare and social security?  
\$ \_\_\_\_\_  N/A
8. How much is taken out of each paycheck for mandatory contributions for retirement plans?  
\$ \_\_\_\_\_  N/A
9. How much is taken out of each paycheck for voluntary contributions for retirement plans?  
\$ \_\_\_\_\_  N/A
10. How much is taken out of each paycheck for required repayments of retirement fund loans?  
\$ \_\_\_\_\_  N/A
11. How much is taken out of each paycheck for insurance? \$ \_\_\_\_\_  N/A
12. How much is taken out of each paycheck for contributions for health savings accounts or flexible spending accounts? \$ \_\_\_\_\_  N/A
13. How much is taken out for alimony or family support obligations? \$ \_\_\_\_\_  N/A
14. How much is taken out for union dues? \$ \_\_\_\_\_  N/A
15. Are there any other deductions? Yes No if yes, what are they and how much?  
\_\_\_\_\_

**Are you expecting any increase or decrease in salary or income of any type in the next year? If so, please explain:** \_\_\_\_\_

**Is there any other information about your income that was not covered above (except for self-employment, business-related income)? Please tell us about it:** \_\_\_\_\_

**Part 3. Your Spouse's information whether they are filing bankruptcy with you or not.**

Income information for the six months prior to filing: (Fill this out if your income varies from month to month for one or more of the below categories. If your income is always the same every month, and you do not have any fluctuations in any of the below categories, you may skip to Part 4.)

	Last month	2 months ago	3 months ago	4 months ago	5 months ago	6 months ago
Gross wages, salary, tips, bonuses, overtime, commissions						
Rental income (Gross income-Expenses=Net income)						
Interest, dividends and royalties						
Pension or retirement income, including early withdrawals						
Social security						
Unemployment compensation						
Regular contributions from others to the household expenses, including child support						
Other: (Please explain)						

**Part 4. Your Spouse's information whether they are filing bankruptcy with you or not.**

Gross Income from **all sources** for the 2 years prior to filing. (Include all sources of income, even those that are not taxable) Important note: If spouse is not filing bankruptcy, you may skip to Section 8.

Last Year

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Two Years Ago

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_



## Section 8 Statement of Financial Affairs (do not skip this section)

For the following section, you must answer each question. Please circle Yes or No. Questions in this section only need to be answered by your spouse if you are **both** filing bankruptcy.

Question	You	Your spouse
1. During the last three years, have you lived anywhere other than where you live now?	Yes      No	Yes      No
2. If the answer to #1 is yes, please list all previous addresses and dates you lived there in the last three years: (Do not include where you live now) Address: _____ _____ Dates: From _____ to _____ Address: _____ _____ Dates: From _____ to _____ Address: _____ _____ Dates: From _____ to _____	Address: _____ _____ Dates: From _____ to _____ Address: _____ _____ Dates: From _____ to _____ Attach any additional addresses as needed.	
Question	You	Your spouse
3. Within the last 8 years, have you lived in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin?	Yes      No	Yes      No
4. Have you been married to anyone else within the last 8 years? If yes and you lived in a different state, please enter it here:	Yes      No	Yes      No
5. Have you paid any creditor more than \$599 in the last 90 days other than mortgages, car payments or child support?	Yes      No	Yes      No
6. Have you paid back anything to any individual (friend or family member) in the last 12 months?	Yes      No	Yes      No
7. Have you transferred any property for the benefit of an individual to whom you owed or owe money in the last 12 months?	Yes      No	Yes      No
8. During the last year, did you or your spouse make any payments to a creditor on behalf of a friend or family member?	Yes      No	Yes      No
If the answer to #8 is yes, please provide details here: Whom did you pay?  How much did you pay them?  When did you pay them?  Who was this on behalf of? (Please provide name, address and relationship to you:		

Question	You	Your Spouse
<p>9. Were you a party in any lawsuits, court action, or administrative proceeding in the last 12 months? (this includes, but is not limited to, personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications and contract disputes)</p>	<p>Yes No</p>	<p>Yes No</p>
<p>*If the answer to #9 is yes, please provide relevant information here, including the case# if known, the name of the other party, the court where it took place and whether it is still pending or not:</p>		
<p>10. Was any of your property repossessed, foreclosed, garnished, attached, seized or levied in the past 12 months?</p>	<p>Yes No</p>	<p>Yes No</p>
<p>*If the answer to #10 is yes, please provide more information here, such as dates, amounts and creditor(s):</p>		
<p>11. Within the last 90 days, has any property been taken by a bank or other creditor, with whom you or your spouse have an account, to pay debt that you or your spouse owe?</p>	<p>Yes No</p>	<p>Yes No</p>
<p>12. Was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian or another official in the last 12 months?</p>	<p>Yes No</p>	<p>Yes No</p>
<p>13. Have you given any gifts with a total value of more than \$600 per person in the last 2 years? (this would include helping out a friend or relative with expenses, etc)</p>	<p>Yes No</p>	<p>Yes No</p>
<p>*If the answer to #13 is yes, please provide the name(s) and address(es) of the person to whom you gave the gifts or money, how much it was and when you gave it:</p>		
<p>14. Have you given any gifts or charitable contributions with a total value of more than \$600 to any charity in the last 2 years?</p>	<p>Yes No</p>	<p>Yes No</p>
<p>*If the answer to #14 is yes, please provide the name(s) of the charity(ies) to which you gave more than \$600 over the last 2 years, when you made the donations and how much they were: (attach additional pages if needed)</p>		

Question	You	Your Spouse
15. Did you lose anything due to theft, fire, other disaster or gambling in the last 12 months?	Yes No	Yes No
*If the answer to #15 is yes, please provide additional details here, such as the circumstances, the date of the loss(es), the value of item(s) lost and how much, if any, was covered by insurance:		
16. Did you, or anyone else acting on your behalf, pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition, besides Sasser Law Firm, in the last 12 months?	Yes No	Yes No
17. Did you, or anyone else acting on your behalf, pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors in the last 12 months? (for example, a debt consolidation program)	Yes No	Yes No
18. Did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs in the last 2 years? (this would include, but is not limited to, mortgage refinance, selling a vehicle or home, selling items on eBay or Craigslist, holding a yard sale, refinancing your home, signing a deed over to an ex-spouse or other, selling back stocks to your company, etc.)	Yes No	Yes No
*If the answer to #18 is yes, please provide additional details here: What was the property transferred? What did you receive in return? Name and address of the person to whom the property was transferred (if known):          What is your business or personal relationship to this person (if any)?		

Question	You	Your Spouse
19. Did you transfer any property to a self-settled trust or similar device of which you are a beneficiary in the last 10 years? (These are often called asset-protection devices)	Yes No	Yes No
20. Were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved or transferred in the last 12 months? (This includes, but is not limited to, checking, savings, money market, certificates of deposit, shares in banks, credit union, brokerage houses, pension funds, cooperatives, associations and other financial institutions)	Yes No	Yes No
*If the answer to # 20 is yes, please provide additional details, such as the name of the institution(s), the last four digits of the closed account(s), the date each account was closed and the last balance(s) before closing the account(s):		
21. Do you now have, or did you have within the last 12 months, any safe deposit box or other depository for securities, cash or other valuables?	Yes No	Yes No
*If the answer to #21 is yes, please provide the address of the safe deposit box, a brief description of the contents and the name(s) and address(es) of anyone else who has access to the safe deposit box:		
22. Have you stored property in a storage unit or place other than your home in the last 12 months?	Yes No	Yes No
*If the answer to #22 is yes, <b>even if you no longer have the storage unit</b> , please provide the name and address of the storage unit, the name(s) and address(es) of anyone besides you who has/had access to the storage unit and a brief description and yard sale value of the contents:		
23. Are you storing any property, borrowing any property or holding in trust any property for someone? (this includes, but is not limited to, a company car, laptop, driving a cousin's vehicle, etc.)	Yes No	Yes No

Question	You	Your Spouse
*If the answer to #23 is yes, please provide additional details here, such as the owner's name and address, a description of the property and a value of the property:		
24. Have you or your spouse owned, operated or used property that was involved in the release of hazardous materials or found to be in violation or environmental law or has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?	Yes No	Yes No
25. Have you notified any governmental unit of any release of hazardous material?	Yes No	Yes No
26. Have you been charged with or convicted of a crime?	Yes No	Yes No
If the answer to #26 is yes, please provide additional details here:		
27. Have you been a party in any judicial or administrative proceeding under any environmental law, including settlements and orders?	Yes No	Yes No
28. Within the last 4 years, did you own a business or have any connections to a business?	Yes No	Yes No
29. If you did own a business or have connections to a business in the last 4 years, did you give a financial statement to anyone about your business? (this includes, but is not limited to, financial institutions, creditors or other parties)	Yes No	Yes No

## Section 9 Business Information/Rental Information

If you own your own business or farm, are self-employed, are a landlord, or have or have had an interest in any business for the last 4 years, etc. do not skip this section. Please fill it out completely. (If not, skip to Section 10: Dependents and Children)

### Part 1: Rental Property Information:

1. Do you receive any rental income, or have you or your spouse received any rental income in the last 3 years? (please circle one) Yes No (If yes, please answer questions 2-8. If not, skip to Part 2: Businesses)

If yes, who receives this income? (please circle one) Self Spouse

2. What is the address of the property for which you are receiving rental income?

2. What is the gross amount of rent you have received in the current year so far? \$ \_\_\_\_\_

3. What are your projected monthly income and expenses for this rental property? (This is a number that may vary for landlords. Please give us your best estimate of what you anticipate your monthly income and expenses will be.)

Projected Monthly Gross Income: \$ \_\_\_\_\_  
 -Projected Monthly Expenses: \$ \_\_\_\_\_  
 Projected Net Monthly Income: \$ \_\_\_\_\_

4. Your rental income and expenses for the 6 months prior to filing:

Month	Gross Income	Expenses
Last full month		
2 months ago		
3 months ago		
4 months ago		
5 months ago		
6 months ago		

5. Are you owed any back rent? (please circle one) Yes No If so, how much? \$ \_\_\_\_\_

6. Are you holding a security deposit for your tenant(s)? (please circle one) Yes No  
 If so, how much is the deposit? \$ \_\_\_\_\_

Where is it being held? \_\_\_\_\_

7. Do you hold any judgments or have you been involved in any legal proceedings related to your rental property in the last 12 months? (please circle one) Yes No  
 If so, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Do you own any household goods located in the rental property? (please circle one) Yes No  
 If so, and these are different from what is already listed in your household items previously within the questionnaire, please list below:

Description	Resale Value
Ex. Refrigerator	\$250.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$

**Please add additional pages as needed for additional rental properties.**



(C) Business/Self Employed Income and Expenses:

What is your gross income for the current year so far? \$\_\_\_\_\_

What is your projected monthly income and expenses for this business? (This is a number that often varies for business owners. Please give us your best estimate of what you think your monthly income and expenses will be.)

Projected Monthly Gross Income: \$\_\_\_\_\_

-Projected Monthly Expenses: \$\_\_\_\_\_

=Projected Net Monthly Income: \$\_\_\_\_\_

**For additional help with these figures, please see Addendum 1 at the end of the questionnaire.**

Your business income and expenses for the 6 months prior to filing:

Month	Gross Income	Expenses
Last full month		
2 months ago		
3 months ago		
4 months ago		
5 months ago		
6 months ago		

**Please provide any additional information or documentation you think would be helpful, such as profit and loss statements.**

**Business 2:**

(A) Basic Information

Type of business owned: (please check one)

- Sole proprietor
- LLC
- Partnership
- Officer Director
- % owner

Ownership: (please check one)

- Husband
- Wife
- Husband and Wife
- Self
- Myself and someone else



Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Nature of the Business: \_\_\_\_\_

Accountant or Bookkeeper Name: \_\_\_\_\_

EIN: \_\_\_\_\_

Dates Business Existed From-To \_\_\_\_\_

What is your percentage of ownership in this business? \_\_\_\_\_%

Value of your interest in this business: \$ \_\_\_\_\_

(B) Business Assets related to this business:

<b>Asset</b>	<b>Value</b>
Accounts receivable or earned commissions	\$ _____
Office equipment, furnishings or supplies Additional information:	\$ _____
Machinery fixtures, equipment, business supplies and tools of the trade Additional information:	\$ _____
Inventory	\$ _____
Customer lists, mailing lists or other compilations	\$ _____
Other business-related property Additional information:	\$ _____
Partnerships or joint-venture interests Additional information:	\$ _____

(C) Business Income and Expenses:

What is your gross income for the current year so far? \$ \_\_\_\_\_

What is your projected monthly income and expenses for this business? (This is a number that often varies for business owners. Please give us your best estimate of what you think your monthly income and expenses will be.)

Projected Monthly Gross Income: \$ \_\_\_\_\_

-Projected Monthly Expenses: \$ \_\_\_\_\_

=Projected Net Monthly Income: \$ \_\_\_\_\_

**For additional help with these figures, please see Addendum 1 at the end of the questionnaire.**

Your business income and expenses for the 6 months prior to filing:

Month	Gross Income	Expenses
Last full month		
2 months ago		
3 months ago		
4 months ago		
5 months ago		
6 months ago		

Please provide any additional information or documentation you think would be helpful, such as profit and loss statements.

**\*Please attach additional pages as needed to disclose all businesses for the past 4 years\***

### Section 10 Dependents

1. Do you support anyone financially, even if they do not live with you?

(please circle one) Yes No (If yes, answer the questions 2-11. If no, skip to Section 11).

2. Please list all children and/or dependents: (you do not need to list children who are grown and on their own)

Name	Age	Relationship	Percentage of time they reside with you?

3. Do you pay/are you required to pay child support/alimony? (please circle one) Yes No (If no, skip to #9)

4. **\*\*\*Please be sure to provide a copy of the child support/alimony court order to our office.\*\*\***

5. What is the name, address and telephone number of the person to whom you are required to pay child support/alimony? This information may be redundant from Section 5. If you have already provided this information earlier in this questionnaire, thank you and you do not need to rewrite it here.

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

6. How much are you required to pay in child support per month? \$ \_\_\_\_\_

7. How much are you required to pay in alimony per month? \$ \_\_\_\_\_

7. Are you current on your child support/alimony payments? (please circle one) Yes No (If yes, skip to #9)

8. How much do you owe in back child support/alimony? \$ \_\_\_\_\_

9. Do you receive any income or assistance for this child or dependent, including but not limited to social security payments, child support, or assistance from other family members? (please circle one) Yes No (If yes, answer question 10. If no, please skip to Section 11).

10. How much do you receive monthly?

Source	Amount	Is this current? If not, what amount is owed to you?
Ex. Child support	\$450/month	No. I am owed \$1500 in back child support

**Section 11 🏠 Household Expenses (do not skip this part)**

Description of Expense	Amount	Who pays this, if other than you?	Other Information (for example, if this is not a monthly amount, is it quarterly? Weekly? Yearly?)
1. Rent or mortgage	\$		
2. Real estate taxes (if not included in #1)	\$		
3. Property, homeowner or renter insurance (if not included in #1)	\$		
Home maintenance, repair and upkeep expenses	\$		
Homeowner's association or condominium dues	\$		
Additional mortgage payments for residence, such as home equity loans	\$		
Electricity, heat and natural gas	\$		
Water, sewer and garbage collection	\$		

Description of Expense	Amount	Who pays this, if other than you?	Other Information
Telephone, internet, satellite and cable	\$		
Other utilities	\$		Please describe:
Food (include groceries and eating out, lunches, etc. and housekeeping supplies)	\$		
Clothing, laundry and dry cleaning	\$		
Personal care products and services	\$		
Medical and dental expenses	\$		
Transportation (include gas, maintenance, bus, train, but not loan or lease payments)	\$		
Entertainment, clubs, recreation, newspapers, magazines and books	\$		
Charitable contributions and religious donations	\$		
Other charitable gifts (for example, money you give to help an adult child or other family member or friend)	\$		
Health insurance (if not deducted from your paycheck)	\$		
Disability insurance (if not deducted from your paycheck)	\$		
Vehicle insurance	\$		

Description of Expense	Amount	Who pays this, if other than you?	Other Information
Other insurance (such as life, umbrella, etc)	\$		Please describe:
Other Taxes (not deducted from your paycheck or included in your mortgage payment, for example, vehicle taxes or other personal property taxes)	\$		Please describe:
Car payment 1	\$		
Car payment 2	\$		
Other installment payments	\$		Please describe:
Alimony or child support (if you have not already included this elsewhere on this form)	\$		
Mortgages on properties other than your residence (if you have not already included this elsewhere on this form)	\$		
Real estate taxes on other properties	\$		
Property, homeowner's or renter's insurance on other properties	\$		
Maintenance, repair and upkeep expenses on other properties	\$		

Description of Expense	Amount	Who pays this, if other than you?	Other Information
Homeowner's Association or Condominium dues on other properties	\$		
Pet expenses (food, vet, obedience classes, etc)	\$		
Storage unit rent	\$		
Court ordered payments not yet listed	\$		
Education necessary to maintain employment	\$		
Care for elderly, chronically ill or disabled family members	\$		
Expenses related to protection from family violence	\$		
Sitters	\$		
Daycare	\$		
Preschool	\$		
Before/After school care	\$		
Summer camp or track out camp	\$		
Private school	\$		
Homeschool resources	\$		
Education for a physically or mentally challenged child	\$		
Tutoring (only include if necessary, not elective or for enrichment)	\$		
Recreational activities (sports, clubs, etc not already listed)	\$		
Other expenses for child or dependent not already listed:	\$		Please describe:

☺ Thank you for completing the questionnaire ☺

# ADDENDUM 1- BUSINESS INCOME AND EXPENDITURES

**Line A: CURRENT MONTHLY BUSINESS INCOME**

Total \$ \_\_\_\_\_  
 Source:

**CURRENT MONTHLY BUSINESS EXPENSES**

- |     |                                    |    |       |
|-----|------------------------------------|----|-------|
| 1.  | Rent/Mortgage payment              | \$ | _____ |
| 2.  | Repair/Upkeep                      | \$ | _____ |
| 3.  | Electricity and heating fuel       | \$ | _____ |
| 4.  | Water and sewer                    | \$ | _____ |
| 5.  | Telephone                          | \$ | _____ |
| 6.  | Garbage                            | \$ | _____ |
| 7.  | Security                           | \$ | _____ |
| 8.  | Other utilities:                   | \$ | _____ |
| 9.  | Insurance:                         | \$ | _____ |
| 10. | Taxes:                             | \$ | _____ |
| 11. | Installment payments on equipment: | \$ | _____ |
| 12. | Rental/lease payments:             | \$ | _____ |
| 13. | Maintenance of equipment:          | \$ | _____ |
| 14. | Advertising                        | \$ | _____ |
| 15. | Bank service charges               | \$ | _____ |
| 16. | Interest                           | \$ | _____ |
| 17. | Depreciation                       | \$ | _____ |
| 18. | Office expenses                    | \$ | _____ |
| 19. | Dues and publications              | \$ | _____ |
| 20. | Laundry or cleaning                | \$ | _____ |
| 21. | Supplies and materials             | \$ | _____ |
| 22. | Freight                            | \$ | _____ |
| 23. | Travel and entertainment           | \$ | _____ |
| 24. | Wages and salaries                 | \$ | _____ |
| 25. | Commissions                        | \$ | _____ |
| 26. | Employee benefit programs          | \$ | _____ |
| 27. | Pensions/profit sharing plans      | \$ | _____ |
| 28. | Production costs:                  | \$ | _____ |
| 29. | Other expenses:                    | \$ | _____ |

**Total Current Monthly Expenses (Line B)** \$ \_\_\_\_\_

**TOTAL CURRENT MONTHLY INCOME (Line A)** \$ \_\_\_\_\_

**-TOTAL CURRENT MONTHLY EXPENSES (Line B)** -\$ \_\_\_\_\_

**=NET CURRENT MONTHLY INCOME** =\$ \_\_\_\_\_