

PART 1: FINANCIAL STATEMENT

MONTHLY INCOME

Husband:

Gross Wages _____

Net Wages _____

1099 Earnings _____

Rental/Investments _____

Alimony/Child Support _____

Pension/Soc. Security _____

Unemployment/Other _____

Wife:

Gross Wages _____

Net Wages _____

1099 Earnings _____

Rental/Investments _____

Alimony/Child Support _____

Pension/Soc. Security _____

Unemployment/Other _____

MONTHLY EXPENSES

Tithe/Donation _____

Rent (incl. storage) _____

Mortgage(s) _____

2nd Mtg./Equity Loan _____

Property Taxes _____

Property Insurance _____

Home Maintenance _____

Condo/Assoc. Fees _____

Electricity/Gas _____

Water/Sewer/Garbage _____

Groceries & Supplies _____

Lunches _____

Home Phone/Cell _____

Travel/Vacation _____

Clothing Purchases _____

Health Insurance _____

Doctor/Dentist Visits _____

Prescriptions/Vitamins _____

School Tuition _____

Books/Miscellaneous _____

Child Care _____

Entertainment/Dining _____

Health Club/Hobbies _____

Subscriptions _____

Tobacco Products _____

Presents and Gifts _____

Internet	_____	Dry Cleaning/Laundry	_____
TV/Cable Services	_____	Hair & Personal Care	_____
Car Payment (1)	_____	Pet Care	_____
Car Payment (2)	_____	Alimony/Child Support	_____
Gasoline/Tolls	_____	Life Insurance	_____
Auto Insurance	_____	Savings/Investments	_____
Repairs/Oil Changes	_____	Miscellaneous/Other	_____

- Property Taxes and Homeowners Insurance should not be itemized if the mortgage payment includes the related escrows. If the mortgage payment does not cover taxes and insurance, those costs must be itemized where provided by dividing the annual total by 12 to equal a monthly allocation.
- Items such as car repairs, vacations, clothing and gift expenses can be calculated by dividing the annual total by 12 to equal a monthly allocation.

TOTAL COMBINED INCOME = _____

TOTAL EXPENSES = _____

SURPLUS CASH TO PAY DEBTS = _____

TOTAL VALUE OF ASSETS

Cash on Hand _____

401 K _____

Savings _____

Securities _____

Checking _____

Other Real Estate _____

TOTAL ASSETS _____

LIABILITIES

List Other Secured Debts:	Monthly Payments	Total Balances
TOTAL OTHER SECURED DEBTS:		
List Unsecured Debts:		
TOTAL UNSECURED DEBTS:		

SUMMARY

TOTAL MONTHLY DEBT PAYMENTS	
TOTAL MONTHLY SURPLUS CASH	
CASH AVAILABLE FOR SAVINGS	

PART 2: BANKRUPTCY ORGANIZER QUESTIONNAIRE

Check One: ☐ Chapter ☐ 7 ☐ 13
Check One: ☐ Individual ☐ Joint ☐ Corporation
Check One: ☐ Single ☐ Married ☐ Divorced ☐ Widow

Last, First Name:	Social Security #:	Formerly known as:
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Spouse Last, First Name:	Social Security #:	Formerly known as:
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Address, City, State and Zip Code

Mailing Address, City, State and Zip Code – *(if different from above address)*

County	Home Phone	Work Phone	Cellular Phone
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DEBTORS INFORMATION:

Names of Dependents	Age	Relationship
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PRIOR BANKRUPTCY CASE FILED WITHIN LAST EIGHT YEARS:

Where filed	Case Number	Date
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BUSINESS INFORMATION:

☐ Y / ☐ N

Business Debtor? - *(if you checked no "N" then skip to next question)*

Type of Business - (Select from drop-down choices below)

N/A

Name of Business	Describe nature of business
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Date open business	Date closed <i>(leave blank if not closed)</i>
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REAL PROPERTY INFORMATION:

<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Keep	<input type="checkbox"/> Repo
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Name of the bank

Address of Bank, City, State, Zip

Balance of 1st Mortgage \$

Balance of 2nd Mortgage \$

Name, Address, City, State, Zip (of 2nd Mortgage)

AUTOMOBILE INFORMATION:

Car: ☐ Y / ☐ N

Name, Address, City, State, Zip (of where you make payment)

Year: Type: Make:

Value: \$ Balance \$

Keep: ☐ Y / ☐ N Vin #:

Second Car: ☐ Y / ☐ N

Name, Address, City, State, Zip (of where you make payment)

Year: Type: Make:

Value: \$ Balance \$

Keep: ☐ Y / ☐ N Vin #:

EMPLOYMENT INFORMATION:

Employer Name and Address, City, State, Zip

Occupation

Paid: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

\$ \$

Gross Pay Net Pay

Employer Name and Address, City, State, Zip

Occupation

Paid:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly
\$			\$	
Gross Pay		Net Pay		

MONTHLY EXPENSES:

Mortgage / Rent:	\$	Insurance:	
<i>Include Taxes</i>	<input type="checkbox"/> Y / <input type="checkbox"/> N	Auto	\$
<i>Include Insurance</i>	<input type="checkbox"/> Y / <input type="checkbox"/> N	Life	\$
Second Mortgage	\$	Home	\$
Maintenance	\$	Health	\$
Electricity	\$	Installments:	
Telephone	\$	Auto Payment	\$
Water	\$	Gas for Car	\$
Food	\$	Lunch Money	\$
Clothing	\$	Child Support	\$
Laundry	\$	Alimony	\$
Medical	\$	Charity	\$
Transportation	\$	Other	\$
Checking Account:	<input type="checkbox"/> Y / <input type="checkbox"/> N	Account Number:	
Bank Name		Owe IRS:	<input type="checkbox"/> Y / <input type="checkbox"/> N
		Own Boat:	<input type="checkbox"/> Y / <input type="checkbox"/> N

Bank Address, City, State, Zip

LIST OF CREDITORS:

Name of Creditor	Name of Creditor
Account #:	Account #:
City, State, Zip	City, State, Zip
Balance: \$	Balance: \$
Name of Creditor	Name of Creditor
Account #:	Account #:
City, State, Zip	City, State, Zip
Balance: \$	Balance: \$
Name of Creditor	Name of Creditor
Account #:	Account #:

City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$

Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$
Name of Creditor		Name of Creditor	
Account #:		Account #:	
City, State, Zip		City, State, Zip	
Balance:	\$	Balance:	\$

**** BRING COPIES OF THE FOLLOWING ****

At the first meeting with your Attorney you should be prepared to present the foregoing QUESTIONNAIRE together with ALL of the following documents as a complete package:

1. Credit Counseling Certificate (to be coordinated by Bankruptcy Attorney)
2. Income Tax Returns (personal and business) previous three tax years
3. Pay Stubs – last three (3) months
4. For all properties you own:
 - Property Tax Bill
 - Last mortgage statement reflecting principal balance (for all mortgages)
 - Warranty Deed
 - Loan Application and Settlement Statement
 - Homeowner's Insurance Policy
5. Vehicle title or registration for all vehicles you own
6. Proof of auto insurance
7. Appraisal of your vehicle(s) (www.kbb.com)
8. Bank Statements last six (6) months
9. Last retirement statement
10. Proof of US Residency
11. Social Security Card
12. Driver License
13. Credit Report (www.annualcreditreport.com)
14. Other: _____

For families whose income is above the Mean Average for the state, the following additional documentation for the last 12 months is likely to be requested depending upon the requirements in your state (check with your attorney:

- ✓ Medical and prescription expense
- ✓ Clothing expense
- ✓ Food/grocery expense
- ✓ Home repair expenses
- ✓ School expenses
- ✓ Day Care expenses
- ✓ Charitable expenses