



Please select which of the following applies to you:

- Individual operating business
- Individual consumer
- Corporation
- Partnership
- Other: \_\_\_\_\_

Your employer \_\_\_\_\_ Occupation \_\_\_\_\_

How long have you worked for this employer? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

How often is your income paid?

- Weekly
- Semi-monthly
- Monthly
- Other: \_\_\_\_\_

Gross Income (before taxes and other deductions): \_\_\_\_\_

Net Income (after taxes and other deductions): \_\_\_\_\_

Please list any other income you receive:

- Second job – Amount \_\_\_\_\_
- Investments – Amount \_\_\_\_\_
- Social Security – Amount \_\_\_\_\_
- Child support – Amount \_\_\_\_\_
- Other – Source \_\_\_\_\_ Amount \_\_\_\_\_

Do you owe any money to the Internal Revenue Service?

- Yes
- No

If yes, how much money do you owe and for what years?

Amount \_\_\_\_\_ Years \_\_\_\_\_

Do you have any unpaid student loans?

- Yes
- No

If yes, how much do you owe? \_\_\_\_\_

Please list your monthly expenses:

Rent \_\_\_\_\_ Real Estate Taxes \_\_\_\_\_  
Electric \_\_\_\_\_ Home Maintenance \_\_\_\_\_  
Gas \_\_\_\_\_ Life Insurance \_\_\_\_\_  
Water \_\_\_\_\_ Health Insurance \_\_\_\_\_  
Phone \_\_\_\_\_ Auto Insurance \_\_\_\_\_  
Cable \_\_\_\_\_ Homowne/Rent Insurance \_\_\_\_\_  
Trash \_\_\_\_\_ House Payment \_\_\_\_\_

Do you pay anyone spousal support?

Yes, I pay \_\_\_\_\_ /month to \_\_\_\_\_  No

Have you ever filed for bankruptcy before?

Yes  No

If yes, please fill out the following:

Ch.7 - \_\_\_\_\_ years and \_\_\_\_\_ months ago

Ch. 13 - \_\_\_\_\_ years and \_\_\_\_\_ months ago

If you have previously filed for bankruptcy, please briefly describe the outcome:

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

## II. SPOUSE INFORMATION

Do you plan to file a joint bankruptcy petition?

Yes  No

If you are married, please fill in the following, regardless of whether or not you plan to file jointly.

Spouse's Name \_\_\_\_\_



Please indicate which of the following applies to you:

Married     Single     Separated     Divorced

If married, how long? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

If divorced, how long? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

Number of minor children living with you: \_\_\_\_\_

Number of other persons living with you: \_\_\_\_\_

I (owe, am owed) court ordered child support payments. (Please circle one if it applies)

If you answered the above question, please list the amount of court ordered child support and the amount (if any) that is in arrearages:

Monthly child support amount: \_\_\_\_\_ Amount in arrearages: \_\_\_\_\_

Please estimate the balances owed on the types of debt listed below:

Medical Bills: \_\_\_\_\_

Credit Cards: \_\_\_\_\_

Miscellaneous Bills: \_\_\_\_\_

NSF Checks: \_\_\_\_\_

When was the last time you used any of your credit cards? (Approximate date)

\_\_\_\_\_

How much has the total owed on the cards gone up in the last 12 months?

\_\_\_\_\_

Have you had any new cards issued in the last 12 months?

\_\_\_\_\_

Do you anticipate receiving a tax refund?

Yes, for \_\_\_\_\_     No

Are you eligible for the Earned Income Credit?

Yes, for \_\_\_\_\_  No

### III. PROPERTY

Please list all vehicle loans (including cars, trucks, motorcycles, etc.):

Vehicle 1: \_\_\_\_\_

Estimated Loan Balance: \_\_\_\_\_

Is the Loan Current?  Yes  No, amount behind is \_\_\_\_\_

Vehicle 2: \_\_\_\_\_

Estimated Loan Balance: \_\_\_\_\_

Is the Loan Current?  Yes  No, amount behind is \_\_\_\_\_

Vehicle 3: \_\_\_\_\_

Estimated Loan Balance: \_\_\_\_\_

Is the Loan Current?  Yes  No, amount behind is \_\_\_\_\_

Vehicle 4: \_\_\_\_\_

Estimated Loan Balance: \_\_\_\_\_

Is the Loan Current?  Yes  No, amount behind is \_\_\_\_\_

List all vehicles you own outright (no loan balance):

<u>Vehicle</u>	<u>Estimated Value</u>
_____	_____
_____	_____

Do you own or are you purchasing a home or other real property?

Yes  No

If yes, please fill out the following for the property:

Date purchased \_\_\_\_\_

Tax assessed value \_\_\_\_\_

First mortgage loan balance \_\_\_\_\_

Is the loan current?     Yes             No

Amount behind \_\_\_\_\_

Second mortgage loan balance \_\_\_\_\_

Is the loan current?     Yes             No

Amount behind \_\_\_\_\_

Third mortgage loan balance \_\_\_\_\_

Is the loan current?     Yes             No

Amount behind \_\_\_\_\_

Are you facing foreclosure?     Yes             No

If yes, list the foreclosure date \_\_\_\_\_

List any other liens against your property:

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

Have you purchased any secured items (electronics, boats, jet skis, appliances, etc.) in the past two years, on which you still owe money?

Yes             No

Have you taken out a loan from a finance company, credit union, bank, or any other institution and secured the loan by household items or other type of secured collateral?

Yes             No

Please any item(s) with values greater than \$1000.00 in which you share a partial interest with anyone other than your spouse:

Item \_\_\_\_\_ Value \_\_\_\_\_ Ownership \_\_\_\_\_ %

Item \_\_\_\_\_ Value \_\_\_\_\_ Ownership \_\_\_\_\_ %

Item \_\_\_\_\_ Value \_\_\_\_\_ Ownership \_\_\_\_\_ %

Have you ever cosigned on a loan?

Yes       No

**IV. BUSINESS INFORMATION**

If prospective client is doing business, what name is it under?

\_\_\_\_\_

If prospective client is a corporation or partnership, list the names and phone numbers of owners of controlling interests.

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

Please list the nature of the prospective client's business: \_\_\_\_\_

