



GENERAL INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Social Security No.		Date of Birth:	
Mailing Address (if different from above)			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you lived in Florida for the past 180 days?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, where did you live before?	
Have you filed bankruptcy within the last 8 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, provide dates:	
Are you filing this petition jointly with your spouse?	YES <input type="checkbox"/> NO <input type="checkbox"/>		

INFORMATION ABOUT YOUR SPOUSE		
Last Name	First	M.I.
Street Address (if living separately)		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	
Social Security No.	Date of Birth	

DEPENDENTS			
Name	Age	Relationship to You	Is this person/child living with you? YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

CREDIT COUNSELING INFORMATION

THE BANKRUPTCY CODE REQUIRES THAT YOU OBTAIN A CREDIT COUNSELING CERTIFICATE BEFORE YOU FILE YOUR CASE. YOU CAN COMPLETE THIS REQUIREMENT ONLINE AT WWW.DEBTHELPER.COM
Partner Code: FL0603

OTHER NAMES USED

Has either you or your spouse been known by any other name during the past 8 years? YES NO
 (Example: Maiden name, last name from previous marriage, legal name change, etc)

Name Used	Dates this name was used
	_____ through _____
	_____ through _____
	_____ through _____

EMPLOYMENT AND INCOME HISTORY FOR YOU

Company	Do you receive unemployment? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Address	Receiving Unemployment since _____ \$_____ unemployment per week / month (circle one)	
Job Title	Yearly Salary \$	YTD Total Salary: \$
Length of time at this job? From _____ to _____		
Do you have a second job? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, where and how long?		
Have you had any gaps in employment in the past 6 months? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please explain:		
Do you have monthly income from rental property?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____
Do you receive monthly child support?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____
Do you receive monthly alimony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____
Do you receive monthly food stamps?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____
Do you receive monthly pension or retirement income?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____
Do you receive social security income?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____
Do you receive government assistance of any other kind?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____
Do you receive monthly assistance from family or friends?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____
Do you receive financial assistance of any other kind?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____

EMPLOYMENT AND INCOME HISTORY FOR YOUR SPOUSE (WHETHER THEY ARE FILING OR NOT)			
Company	Does spouse receive unemployment? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Address	Receiving Unemployment since _____ \$_____ unemployment per week / month (circle one)		
Job Title	Yearly Salary \$ _____	YTD Total Salary: \$ _____	
Length of time at this job? From _____ to _____			
Does spouse have a second job? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, where and how long?			
Does spouse receive monthly income from rental property?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____	
Does spouse receive monthly child support?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____	
Does spouse receive monthly alimony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____	
Does spouse receive monthly food stamps?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____	
Does spouse receive monthly pension or retirement income?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____	
Does spouse receive social security income?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____	
Does spouse receive government assistance of any other kind?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____	
Does spouse receive monthly assistance from family or friends?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____	
Does spouse receive financial assistance of any other kind?	YES <input type="checkbox"/> NO <input type="checkbox"/>	How much? _____	

BUSINESS OWNERS (FULL TIME OR PART TIME BUSINESSES)
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Please list income and expense information for any businesses that you have had an ownership interest within the past 12 months

Average monthly income	\$ _____
Average monthly business expenses	\$ _____
Average monthly profit or loss	\$ _____
Do you file income taxes for this business?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is this business incorporated?	YES <input type="checkbox"/> NO <input type="checkbox"/>

MONTHLY BUDGET AND EXPENSES

Housing Expenses	Other Expenses
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Rent \$ _____ 1 st Mortgage Payment \$ _____ 2 nd Mortgage Payment (if applicable) \$ _____ 3 rd Mortgage Payment (if applicable) \$ _____ Lot Payment \$ _____ HOA or Condo Monthly Fees \$ _____ Are Real Estate taxes included in payment above? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Insurance included in payments above? YES <input type="checkbox"/> NO <input type="checkbox"/> What is your annual real estate tax? \$ _____ How much is your home insurance? \$ _____	Alimony or Child Support \$ _____ Support payments for someone outside your home \$ _____ Union Dues (not payroll deducted) \$ _____ Professional Dues (not payroll deducted) \$ _____ Babysitter/Day Care Expenses \$ _____ Alarm System \$ _____ Personal Care (haircuts, highlights, nails, cologne, etc) \$ _____ Student Loan Repayment \$ _____ Newspapers/Magazines \$ _____ Recreation/Entertainment \$ _____
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Housing Expenses	Miscellaneous Expenses
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Electricity (FPL) \$ _____ Gas \$ _____ Water \$ _____ Trash Pick-Up (if not included in water) \$ _____ Telephone – Home Service \$ _____ Cell Phone \$ _____	Car 1 Monthly Payment \$ _____ Car 2 Monthly Payment \$ _____ Life Insurance \$ _____ Health Insurance (Not-payroll deducted) \$ _____ Disability Insurance \$ _____ Other: _____ \$ _____
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Basic Needs

Home Repairs \$ _____ Monthly Groceries \$ _____ Laundry, Dry Cleaning, Soap, etc \$ _____ Medical expenses not paid by insurance \$ _____ Gasoline \$ _____ Auto Maintenance/Repairs \$ _____ Clothing \$ _____ Tolls/Parking \$ _____ Internet \$ _____ Cable/Satellite \$ _____	Use the space below to describe any additional monthly expenses that you must pay out of your pocket. _____ _____ _____ _____ _____ _____ _____ _____
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PERSONAL PROPERTY

Please list if you have any of the following:

<p>Checking or savings account; Certificate of Deposit or Stock Brokerage Accounts</p>	<p>Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Brokerage Acct <input type="checkbox"/> Name of Bank: _____ Branch Address: _____ City: _____ State: _____ Zip: _____ Account Number: _____ Currently Open? YES <input type="checkbox"/> NO <input type="checkbox"/> Balance \$ _____</p>
	<p>Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Brokerage Acct <input type="checkbox"/> Name of Bank: _____ Branch Address: _____ City: _____ State: _____ Zip: _____ Account Number: _____ Currently Open? YES <input type="checkbox"/> NO <input type="checkbox"/> Balance \$ _____</p>
	<p>Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Brokerage Acct <input type="checkbox"/> Name of Bank: _____ Branch Address: _____ City: _____ State: _____ Zip: _____ Account Number: _____ Currently Open? YES <input type="checkbox"/> NO <input type="checkbox"/> Balance \$ _____</p>
	<p>Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Brokerage Acct <input type="checkbox"/> Name of Bank: _____ Branch Address: _____ City: _____ State: _____ Zip: _____ Account Number: _____ Currently Open? YES <input type="checkbox"/> NO <input type="checkbox"/> Balance \$ _____</p>
<p>Security Deposit with public utilities, telephone companies, landlords or anyone else.</p>	<p>Utility <input type="checkbox"/> Landlord <input type="checkbox"/> Telephone <input type="checkbox"/> Other <input type="checkbox"/> Name of Entity: _____ Address: _____ City: _____ State: _____ Zip: _____ Account Number: _____ Account deposited against currently open? YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Personal Property (Continued)

<p>Jewelry <i>(Please value jewelry at yard sale, pawn shop values – not what you paid for them)</i></p>	<p>Gold <input type="checkbox"/> Silver <input type="checkbox"/> Costume <input type="checkbox"/> Watch <input type="checkbox"/></p> <p>How many:</p> <p>Rings: _____ Gold <input type="checkbox"/> Silver <input type="checkbox"/> Costume <input type="checkbox"/> Value: _____</p> <p>Chains: _____ Gold <input type="checkbox"/> Silver <input type="checkbox"/> Costume <input type="checkbox"/> Value: _____</p> <p>Bracelets: _____ Gold <input type="checkbox"/> Silver <input type="checkbox"/> Costume <input type="checkbox"/> Value: _____</p> <p>Watches: _____ Estimated Yard Sale Value: _____</p> <p>Account deposited against currently open? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Firearms, hobby equipment, cameras</p>	<p>Item: _____ Value: _____</p> <p>Item: _____ Value: _____</p> <p>Item: _____ Value: _____</p>
<p>Annuities</p>	<p>Name of Company: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Account Number: _____</p> <p>Currently Contributing? YES <input type="checkbox"/> NO <input type="checkbox"/> Amount \$ _____</p>
<p>Life Insurance</p>	<p>Do you currently have life insurance? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><u>Policy 1</u></p> <p>Term Insurance? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Whole Life? YES <input type="checkbox"/> NO <input type="checkbox"/> Cash Value? \$ _____</p> <p>Name of Company: _____</p> <p>Policy Number: _____</p> <p><u>Policy 2</u></p> <p>Term Insurance? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Whole Life? YES <input type="checkbox"/> NO <input type="checkbox"/> Cash Value? \$ _____</p> <p>Name of Company: _____</p> <p>Policy Number: _____</p> <p><u>Policy 3</u></p> <p>Term Insurance? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Whole Life? YES <input type="checkbox"/> NO <input type="checkbox"/> Cash Value? \$ _____</p> <p>Name of Company: _____</p> <p>Policy Number: _____</p>

Personal Property (Continued)

<p>IRA's or any other pension, 401K, or profit sharing plans.</p>	<p>Name of Company: _____ Account Number: _____ Current Balance: \$ _____ Currently Contributing? YES <input type="checkbox"/> NO <input type="checkbox"/> Amount: \$ _____</p> <p>Name of Company: _____ Account Number: _____ Current Balance: \$ _____ Currently Contributing? YES <input type="checkbox"/> NO <input type="checkbox"/> Amount: \$ _____</p> <p>Name of Company: _____ Account Number: _____ Current Balance: \$ _____ Currently Contributing? YES <input type="checkbox"/> NO <input type="checkbox"/> Amount: \$ _____</p>
<p>Prepaid College Plans</p>	<p>Name of Plan: _____ Account Number: _____ Beneficiary: _____ Current Balance: \$ _____ Currently Contributing? YES <input type="checkbox"/> NO <input type="checkbox"/> Amount: \$ _____</p> <p>Name of Plan: _____ Account Number: _____ Beneficiary: _____ Current Balance: \$ _____ Currently Contributing? YES <input type="checkbox"/> NO <input type="checkbox"/> Amount: \$ _____</p>
<p>Interests in partnerships or joint ventures</p>	<p>Do you have ownership in a business that is not incorporated but you are partners with someone? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Government or corporate bonds</p>	<p>Do you own any government bonds? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Do you own any corporate bonds? YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Personal Property (Continued)

<p>Stocks and interests in incorporated companies. (Are you a director or owner of any company registered with the state of Florida in www.sunbiz.org?)</p>	<p>Name of Company: _____ Nature of Business: _____ Has it ever been operated as a company? YES <input type="checkbox"/> NO <input type="checkbox"/> Is it currently generating income? YES <input type="checkbox"/> NO <input type="checkbox"/> Has it ever generated income? YES <input type="checkbox"/> NO <input type="checkbox"/> Does the company have bank accounts open? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>(If Yes, please list them as "business checking" in the bank account section above)</i> Has it ever had bank accounts? YES <input type="checkbox"/> NO <input type="checkbox"/> When did the bank accounts close? _____ <i>(please list the closed accounts when you get to "closed financial accounts" of this questionnaire)</i> If you have more than one business to list, please make copies of this and attach to the questionnaire.</p>
<p>Accounts Receivable</p>	<p>Do you have accounts receivable for any business or partnership listed on this questionnaire? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide the total amount due: \$_____</p>
<p>Alimony, child support, or property settlement</p>	<p>Even if you have no hopes of ever collecting, do you have any alimony, child support or property settlements due to you from an ex-spouse? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, how much are you due from someone? \$_____</p>
<p>Other liquidated debts</p>	<p>Are you expecting a tax refund for this year? YES <input type="checkbox"/> NO <input type="checkbox"/> How much are you expecting? _____ Did you already receive your tax refund? YES <input type="checkbox"/> NO <input type="checkbox"/> How much and when did you receive it? Amount:\$_____ Received on _____ Do you have a money judgment against someone? YES <input type="checkbox"/> NO <input type="checkbox"/> Does anyone else owe you any money? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, provide details: _____ _____</p>
<p>Future Interests</p>	<p>Do you have a life estate in any property or other future interest other than for any property already listed? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, provide details: _____ _____</p>

Personal Property (Continued)

<p>Inheritance</p>	<p>Do you have an interest in the estate (property) of someone who has passed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, provide details: _____</p> <p>_____</p> <p>Do you expect to receive benefits under a life insurance policy, trust or benefit plan of someone who has already passed? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please provide details: _____</p> <p>_____</p>
<p>Patents, copyrights and other intellectual property</p>	<p>Do you own any patents? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Do you own any copyrighted material? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Do you own any other intellectual material? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, to any of the above, please provide details: _____</p> <p>_____</p> <p>_____</p>
<p>Licenses or franchises</p>	<p>Do you own any licenses or franchises? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please provide details: _____</p> <p>_____</p>
<p>Customer lists or other compilations containing personally identifiable material</p>	<p>Do you have any customer lists? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please provide details: _____</p> <p>_____</p>
<p>Motorcycles, ATV's, mini-bikes</p>	<p>Please list all motorcycles that you own. List if they are paid off or if you still owe money on them.</p> <p><u>Item 1</u></p> <p>Year/Make/Model: _____</p> <p>Financed? YES <input type="checkbox"/> NO <input type="checkbox"/> When did you buy? _____</p> <p>If yes, who finances it?: _____</p> <p>Balance: \$_____ Monthly payment: \$_____</p> <p>How many months was the loan for? 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/></p> <p>Are you behind in payments? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, how many months behind are you? _____</p> <p>Is car subject to repossession right now? YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Personal Property (Continued)

Automobiles

Please list all automobiles that you are on the title to. This will include all autos whether they are paid for or not and whether it is your car or not. If your name is on the title, it must be listed here.

Auto 1 Year/Make/Model: _____

Financed? YES NO When did you buy? _____

If yes, who finances it?: _____

Balance: \$_____ Monthly payment: \$_____

How many months was the loan for? 36 48 60 72

Are you behind in payments? YES NO

If yes, how many months behind are you? _____

Is car subject to repossession right now? YES NO

Auto 2 Year/Make/Model: _____

Financed? YES NO When did you buy? _____

If yes, who finances it?: _____

Balance: \$_____ Monthly payment: \$_____

How many months was the loan for? 36 48 60 72

Are you behind in payments? YES NO

If yes, how many months behind are you? _____

Is car subject to repossession right now? YES NO

Auto 3 Year/Make/Model: _____

Financed? YES NO When did you buy? _____

If yes, who finances it?: _____

Balance: \$_____ Monthly payment: \$_____

How many months was the loan for? 36 48 60 72

Are you behind in payments? YES NO

If yes, how many months behind are you? _____

Is car subject to repossession right now? YES NO

Auto 4 Year/Make/Model: _____

Financed? YES NO When did you buy? _____

If yes, who finances it?: _____

Balance: \$_____ Monthly payment: \$_____

How many months was the loan for? 36 48 60 72

Are you behind in payments? YES NO

If yes, how many months behind are you? _____

Is car subject to repossession right now? YES NO

Personal Property (Continued)

<p>Jet ski, boats, boat motors, air boats, boat trailers</p>	<p>Do you own or are on the title of any jet skis, boats, air boats, trailers or anything else in the marine category? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please provide:</p> <p>Item 1 Year/Make/Model: _____</p> <p>Financed? YES <input type="checkbox"/> NO <input type="checkbox"/> When did you buy? _____</p> <p>If yes, who finances it?: _____</p> <p>Balance: \$_____ Monthly payment: \$_____</p> <p>How many months was the loan for? 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/></p> <p>Are you behind in payments? YES <input type="checkbox"/> NO <input type="checkbox"/> How many? _____</p> <p>Is item subject to repossession right now? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Item 2 Year/Make/Model: _____</p> <p>Financed? YES <input type="checkbox"/> NO <input type="checkbox"/> When did you buy? _____</p> <p>If yes, who finances it?: _____</p> <p>Balance: \$_____ Monthly payment: \$_____</p> <p>How many months was the loan for? 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/></p> <p>Are you behind in payments? YES <input type="checkbox"/> NO <input type="checkbox"/> How many? _____</p> <p>Is item subject to repossession right now? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Any other titled property</p>	<p>Do you have any other property that is titled in the state of Florida or any other state that has not already been listed?</p> <p>Item 1 Year/Make/Model: _____</p> <p>Financed? YES <input type="checkbox"/> NO <input type="checkbox"/> When did you buy? _____</p> <p>If yes, who finances it?: _____</p> <p>Balance: \$_____ Monthly payment: \$_____</p> <p>How many months was the loan for? 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/></p> <p>Are you behind in payments? YES <input type="checkbox"/> NO <input type="checkbox"/> How many? _____</p> <p>Is item subject to repossession right now? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Item 2 Year/Make/Model: _____</p> <p>Financed? YES <input type="checkbox"/> NO <input type="checkbox"/> When did you buy? _____</p> <p>If yes, who finances it?: _____</p> <p>Balance: \$_____ Monthly payment: \$_____</p> <p>How many months was the loan for? 36 <input type="checkbox"/> 48 <input type="checkbox"/> 60 <input type="checkbox"/> 72 <input type="checkbox"/></p> <p>Are you behind in payments? YES <input type="checkbox"/> NO <input type="checkbox"/> How many? _____</p> <p>Is item subject to repossession right now? YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Personal Property (Continued)

<p>Office equipment, furnishings and supplies</p>	<p>If you listed a business ownership on this form, please list any office equipment that you own. Do not list your personal computer if you have already listed it elsewhere – even if you use it for business at times.</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p>
<p>Machinery, fixtures, equipment and supplies used in business</p>	<p>If you listed a business ownership on this form, please list any other equipment that you own.</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p>
<p>Inventory</p>	<p>If you listed a business ownership on this form, please list any business inventory that you currently have.</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p>
<p>Animals</p>	<p>Please list any pets or other animals that you own.</p> <p>Animal: _____ Value \$ _____</p> <p>Animal: _____ Value \$ _____</p> <p>Animal: _____ Value \$ _____</p>
<p>Farming equipment, crops, chemicals, supplies, feed, etc.</p>	<p>Please list any interest in farming equipment, crops or anything else related to farming that you own.</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p>
<p>Other personal property of any kind</p>	<p>Please list any personal property that you own that is not already listed.</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p> <p>Item: _____ Value \$ _____</p>

HOUSEHOLD GOODS INVENTORY

Living Room			
Item	Quantity	Age	Value
Sofa			
Loveseat			
Recliner			
Chairs			
Tables			
TV			
VCR – DVD			
Stereo			
Wall Unit			
Total			

Den or Office			
Item	Quantity	Age	Value
Computer			
Monitor			
Printer			
Fax Machine			
Desk			
Book shelves			
Scanner			
Total			

Kitchen			
Item	Quantity	Age	Value
Microwave			
Toaster			
Toaster Oven			
Flatware			
Dishes			
Glasses			
Blender			
Total			

For all of your bedrooms, please write the total number of pieces you have in each category below.

Miscellaneous			
Item	Quantity	Age	Value
Patio Set			
BBQ			
Lawn Mower			
Piano			
Tools			
Gym Equip.			
Total			

All Bedrooms			
Item	Quantity	Age	Value
Beds			
Dressers			
Mirrors			
Nightstands			
Chests			
TV's			
VCR – DVD's			
Lamps			
Total			

Family Room			
Item	Quantity	Age	Value
Total			

Dining Room			
Item	Quantity	Age	Value
Tables			
Chairs			
China Cabinet			
Buffet			
Total			

REAL PROPERTY AND MOBILE HOMES

Please fill this out for all real estate that you own. Timeshares are considered real estate. If you own more than two properties, please copy this page and fill out for all properties – even if they are paid off

Real Estate 1

What type of real estate? House Condo/Townhouse Vacant Land Timeshare

Do you live at this home? YES NO Do you rent this home? YES NO Rented at \$ _____

Is this co-owned with someone else? YES NO Names on Deed: _____

Address of Property: _____

Is property paid off? YES NO Name of Mortgage Company: _____

Account Number: _____ What is the balance? _____

Amount of monthly payment? _____ Date obtained mortgage? _____

Are you behind in the payments? YES NO How many payments are you behind? _____

Is there a foreclosure sale date scheduled? YES NO When? _____

What do you want to do with this property? Keep Surrender Stop Sale/Surrender

Do you have a second mortgage? YES NO

Name of Second Mortgage Company: _____

Account Number: _____ Date Obtained mortgage: _____

Amount of monthly payment: _____ Are you behind? YES NO How many months? _____

Real Estate 2

What type of real estate? House Condo/Townhouse Vacant Land Timeshare

Do you live at this home? YES NO Do you rent this home? YES NO Rented at \$ _____

Is this co-owned with someone else? YES NO Names on Deed: _____

Address of Property: _____

Is property paid off? YES NO Name of Mortgage Company: _____

Account Number: _____ What is the balance? _____

Amount of monthly payment? _____ Date obtained mortgage? _____

Are you behind in the payments? YES NO How many payments are you behind? _____

Is there a foreclosure sale date scheduled? YES NO When? _____

What do you want to do with this property? Keep Surrender Stop Sale/Surrender

Do you have a second mortgage? YES NO

Name of Second Mortgage Company: _____

Account Number: _____ Date Obtained mortgage: _____

Amount of monthly payment: _____ Are you behind? YES NO How many months? _____

Client Questionnaire

DEBTS - PLEASE MAKE SURE DEBTS THAT MAY NOT APPEAR ON YOUR CREDIT REPORT ARE LISTED HERE

Name of Creditor: _____ Mailing Address: _____ _____ _____ Account #: _____ Amount owed on this debt: _____	What is debt for?: Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Other <input type="checkbox"/> _____ Is there a collection agency for this debt? YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Collection Agency: _____ Address: _____ _____
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Name of Creditor: _____ Mailing Address: _____ _____ _____ Account #: _____ Amount owed on this debt: _____	What is debt for?: Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Other <input type="checkbox"/> _____ Is there a collection agency for this debt? YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Collection Agency: _____ Address: _____ _____
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Name of Creditor: _____ Mailing Address: _____ _____ _____ Account #: _____ Amount owed on this debt: _____	What is debt for?: Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Other <input type="checkbox"/> _____ Is there a collection agency for this debt? YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Collection Agency: _____ Address: _____ _____
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Name of Creditor: _____ Mailing Address: _____ _____ _____ Account #: _____ Amount owed on this debt: _____	What is debt for?: Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Other <input type="checkbox"/> _____ Is there a collection agency for this debt? YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Collection Agency: _____ Address: _____ _____
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Name of Creditor: _____ Mailing Address: _____ _____ _____ Account #: _____ Amount owed on this debt: _____	What is debt for?: Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Other <input type="checkbox"/> _____ Is there a collection agency for this debt? YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Collection Agency: _____ Address: _____ _____
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Client Questionnaire

Name of Creditor: _____ Mailing Address: _____ _____ _____ Account #: _____ Amount owed on this debt: _____	What is debt for?: Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Other <input type="checkbox"/> _____ Is there a collection agency for this debt? YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Collection Agency: _____ Address: _____ _____
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Client Questionnaire

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Name of Creditor: _____ Mailing Address: _____ _____ _____ Account #: _____ Amount owed on this debt: _____	What is debt for?: Credit Card <input type="checkbox"/> Medical <input type="checkbox"/> Loan <input type="checkbox"/> Other <input type="checkbox"/> _____ Is there a collection agency for this debt? YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Collection Agency: _____ Address: _____ _____
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STATEMENT OF FINANCIAL AFFAIRS

1. Do you have a car, truck, motorcycle, boat or camper in your use and/or possession that is titled/registered in someone else's name? YES NO If yes, please provide:

Year/Make/Model of vehicle: _____
 Name motor vehicle is titled/registered to? _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Why are you holding/using this property: _____

2. Have you closed any bank/financial accounts within the past 12 months? YES NO
 If yes, please provide:

Name of Bank: _____	Account Number: _____
Name on Account: _____	Date Closed: _____
Balance at closing: \$ _____	
Name of Bank: _____	Account Number: _____
Name on Account: _____	Date Closed: _____
Balance at closing: \$ _____	
Name of Bank: _____	Account Number: _____
Name on Account: _____	Date Closed: _____
Balance at closing: \$ _____	
Name of Bank: _____	Account Number: _____
Name on Account: _____	Date Closed: _____
Balance at closing: \$ _____	

3. Do you have or have you rented a safe deposit box in the past 12 months? YES NO

Name of Bank: _____
 Address: _____
 Name(s) on Box: _____ Do you still have the box? YES NO
 When was box closed? _____ If you still have the box, please provide:
 Contents: _____

4. Does someone help pay your living expenses? YES NO

How much do they contribute on an average monthly basis? \$ _____

5. Over the past year, have you or any member of your immediate family been involved in an accident (for example, a car accident)? YES NO If yes, please provide:

Date accident occurred: _____ Who was at fault? _____
 Do you have a right to sue anyone? YES NO Have you hired an attorney? YES NO
 Who was involved in the accident? _____
 Was any insurance money received? YES NO How much? _____

6. Do you currently have any legal case pending where you are expecting to receive a settlement of money or property (personal injury/workers comp, etc)? YES NO

Who are you suing? _____ Why? _____
 How much do you expect to receive? \$ _____ When? _____
 Name of your attorney: _____

7. Does anyone owe you money for a lawsuit you've won against them? YES NO

Name of party you filed a lawsuit against: _____
 Date you filed lawsuit? _____ Money amount awarded to you: \$_____

8. Are there any lawsuits pending against you now? YES NO (Please provide copies)

Lawsuit 1

Who is suing you? _____

Case Number: _____ What court? _____

Type of lawsuit: Credit Card Mortgage Foreclosure Car Repossession Divorce
 Mortgage Deficiency Money Loaned Auto Accident Other

Lawsuit 2

Who is suing you? _____

Case Number: _____ What court? _____

Type of lawsuit: Credit Card Mortgage Foreclosure Car Repossession Divorce
 Mortgage Deficiency Money Loaned Auto Accident Other

Lawsuit 3

Who is suing you? _____

Case Number: _____ What court? _____

Type of lawsuit: Credit Card Mortgage Foreclosure Car Repossession Divorce
 Mortgage Deficiency Money Loaned Auto Accident Other

Lawsuit 4

Who is suing you? _____

Case Number: _____ What court? _____

Type of lawsuit: Credit Card Mortgage Foreclosure Car Repossession Divorce
 Mortgage Deficiency Money Loaned Auto Accident Other

9. Have you had wages garnished, bank accounts frozen or a car taken? YES NO

If yes, what has been attached: Wages Bank Account Frozen Car Taken By Creditor

What creditor took the action? _____

If wages: When did garnishment begin? _____ How much per paycheck? \$_____

If bank account: Name of Bank: _____ Account Number: _____

Amount frozen: \$_____ On what date: _____

If car was taken: Name of Creditor: _____ Date of Action: _____

Year/Make/Model: _____

10. Have you voluntarily returned any property to a creditor, or has any property been repossessed or foreclosed on in the past 12 months? YES NO

What property was turned in or repossessed? _____

When was property returned to creditor (repo date or foreclosure sale)? _____

If a car was returned, what is the year/make/model? _____

If a home was sold at foreclosure sale, what was the address? _____

11. Have you made any gifts or transferred any property to friends or relatives in the past 24 months? YES NO If yes, please provide:

Property transferred (cash, car, home, etc): _____

If cash, how much was transferred and when: _____

If car, year/make/model and when transferred: _____

If title to home, address of property and when transferred: _____

Why was this property transferred? _____

12. Have you had any losses covered by insurance? YES NO

Describe the loss: _____
 Date/Year of loss: _____
 Amount received: _____ When received: _____
 What did you do with the proceeds? _____

13. Have you paid money to a debt consolidation or credit counseling service? YES NO

Name of attorney or service: _____
 Address: _____
 Consultation Date: _____ Total paid for service: _____

14. Have you filed for bankruptcy within the past eight (8) years? YES NO

What Chapter did you file? Chapter 7 Chapter 13 Chapter 11 Date: _____
 Name(s) on petition: _____
 Did you receive a discharge of your debts? YES NO

15. Is anyone holding or using property/car that is titled in your name? YES NO

Year/Make/Model of vehicle: _____
 Name of Person: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Why are they holding/using this property:

16. Besides your current address, have you lived anywhere else within the past five (5) years?

YES NO If yes, please provide:

Previous Address: _____
 I lived here from _____ to _____ (month/year)
 Previous Address: _____
 I lived here from _____ to _____ (month/year)
 Previous Address: _____
 I lived here from _____ to _____ (month/year)

DISCLAIMER AND SIGNATURE

I certify that my answers are true, accurate and complete to the best of my knowledge.

Signature: _____ Date _____

Signature: _____ Date _____