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***QUESTIONNAIRE***

The following questionnaire seeks information critical to the completion of your bankruptcy petition. Please be sure to initial each page and sign at the end. Please also supply ALL requested information so that we can properly prepare your submission. **BE SURE TO GIVE AS MUCH INFORMATION AS POSSIBLE. BANKRUPTCY FRAUD IS SERIOUS CRIME POTENTIALLY PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH. ALL CREDITORS (any party to whom you owe money) AND ALL ASSETS MUST BE LISTED UNDER FEDERAL LAW.**

***QUESTIONNAIRE***

**BACKGROUND INFORMATION**

Your name:

\_\_\_\_\_

Last

First

Middle

Other names used in the last 8 years

\_\_\_\_\_

Last

First

Middle

Your spouse's name

\_\_\_\_\_

Last

First

Middle

Other names used in the last 8 years

\_\_\_\_\_

Last

First

Middle

Your telephone number

( ) - \_\_\_\_\_ ( ) - \_\_\_\_\_

Home

Office

Your spouse's telephone number

( ) - \_\_\_\_\_ ( ) - \_\_\_\_\_

Home

Office

Social Security Numbers:

- - \_\_\_\_\_ - - \_\_\_\_\_

Yours

Spouse's

Dates of Birth:

\_\_\_\_\_

Yours

Spouse's

**Client Initial:** \_\_\_\_\_

Home addresses for last two years

Current  
Address: \_\_\_\_\_  
(Street and Number, Apt. Number)

\_\_\_\_\_  
(City, County, State, Zip)

Previous  
Address \_\_\_\_\_  
(Street and Number, Apt. Number)

\_\_\_\_\_  
(City, County, State, Zip)

Marital Status:

- SINGLE - (please mark one of the following:  NEVER MARRIED  DIVORCED  WIDOWED)  
 INDIVIDUAL (Married And Living Together)  INDIVIDUAL (Married And Living Apart)  
 JOINT (Husband and Wife Only)

FORECLOSURE DATE: \_\_\_\_\_ LAW FIRM REPRESENTING MORTGAGE CO (NAME,  
ADDRESS AND TELEPHONE NUMBER: \_\_\_\_\_

LAWSUIT PENDING? IF YES, WITH WHICH CREDITOR(S) \_\_\_\_\_

PLEASE ATTACH ANY AND ALL DOCUMENTS REGARDING ANY FORECLOSURES AND/OR LAWSUITS.

**INCOME INFORMATION**

If you are employed, please provide the following information

Employer's name

\_\_\_\_\_

Employer's payroll department address

\_\_\_\_\_  
(Street and number, Suite number)

\_\_\_\_\_  
(City, State, County, Zip)

\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Position with employer (Job title): \_\_\_\_\_

**Client Initial:** \_\_\_\_\_

Length of employment: \_\_\_\_\_ Years \_\_\_\_\_ Months

Self employed? Y[ ] N[ ]

Is the business a corporation? Y[ ] N[ ]

**\*\*\* ATTACH A COPY OF ALL PAYMENT ADVICES OR OTHER EVIDENCE OF PAYMENT RECEIVED WITHIN THE PAST 6 MONTHS FROM ANY OF YOUR EMPLOYERS\*\*\***

If your spouse is employed, please provide the following information

Employer's name

\_\_\_\_\_

Employer's payroll department address

\_\_\_\_\_  
(Street and number, Suite number)

\_\_\_\_\_  
(City, State, County, Zip)

\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Position with employer (Job title): \_\_\_\_\_

Length of employment: \_\_\_\_\_ Years \_\_\_\_\_ Months

Self employed? Y[ ] N[ ]

Is the business a corporation? Y[ ] N[ ]

**\*\*\* ATTACH A COPY OF ALL PAYMENT ADVICES OR OTHER EVIDENCE OF PAYMENT RECEIVED WITHIN THE PAST 6 MONTHS FROM ANY OF YOUR SPOUSE'S EMPLOYERS\*\*\***

**TAXABLE INCOME**

CLIENT: 2010 (so far): \$ \_\_\_\_\_  
2009: \$ \_\_\_\_\_  
2008: \$ \_\_\_\_\_

SPOUSE: 2010 (so far): \$ \_\_\_\_\_  
2009: \$ \_\_\_\_\_  
2008: \$ \_\_\_\_\_

Client Initial: \_\_\_\_\_

**\*\*\* ATTACH COPIES OF ALL TAX RETURNS FOR THE PAST THREE YEARS \*\*\***

**PLEASE ATTACH ANY AND ALL DOCUMENTATION SUPPORTING ANY OF THE FOLLOWING ITEMS**

Have you or your spouse filed for bankruptcy in the past eight years? If so, please provide the name of debtor, the case number, the Court where the case was filed, and the date filed for each bankruptcy: \_\_\_\_\_

\_\_\_\_\_

Do you or your spouse currently have any bankruptcies pending? If so, please provide the name of the debtor, the case number, the Court where the case is pending, and the date filed for each bankruptcy: \_\_\_\_\_

\_\_\_\_\_

List any unexpired leases, executory contracts or timeshares (i.e. auto lease, residential lease, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any payments that total more than \$600 made to any creditor by you or your spouse within the last 120 days, including the name and address of the creditor, dates of payments, the amount paid, and the amount still owing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS SPACE INTENTIONALLY LEFT BLANK**

**Client Initial:** \_\_\_\_\_

List any payments made within the past 18 months by you or your spouse for the benefit of people who were, or are, insiders (relatives, close friends, or other creditors holding debts not made at "arm's length") including name, address and relationship of creditor to debtor; dates of payment; amounts paid; and amount still owing:

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List all lawsuits against you or your spouse (provide the name of the creditor, in which Court this case was filed, name of the case, case number, trial date & status):

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List all attachments, garnishments, or seizure of property against you and/or your spouse, and describe the nature of the case and the value of the property taken. Also provide the name, address with zip code and phone number of the party/attorney taking action against you:

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List all property that has been repossessed, foreclosed, or surrendered by or against you and/or your spouse, giving the nature and the cash value of the property taken. Also provide the name, address with zip code and phone number of the party/attorney taking action against you:

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**THIS SPACE INTENTIONALLY LEFT BLANK**

**Client Initial:** \_\_\_\_\_

List any property belonging to you and/or your spouse that has been assigned for the benefit of any creditors within the past 180 days, including the name and address of the assignee, the date of assignment, and the terms of the assignment or settlement: \_\_\_\_\_  
\_\_\_\_\_

List any property belonging to you and/or your wife that has been in the hands of a custodian, receiver, or court-appointed official within the past 18 months, including the name and address of the custodian; the name and location of court, case title, and number; the date of the order; and a description and value of property: \_\_\_\_\_  
\_\_\_\_\_

List any large gifts or transfers/sales of property (greater than \$200.00) by you or your spouse in the last 18 months, giving the name and address of the recipient; the relationship of the recipient to you; nature of the property; a description and cash value of the property, and the date of the transfer: \_\_\_\_\_  
\_\_\_\_\_

List any losses sustained by you or your spouse due to fire, gambling or theft within the last year, including a description and value of the property; a description of the circumstances and whether the loss was covered by insurance; and the date of loss: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ List all property transferred by you or your spouse either absolutely or as security within the past 18 months, stating which was transferred in the ordinary course of business; the name, address and relationship of the transferee to the debtor; the date of transfer; and a description of the property transferred and the value received: \_\_\_\_\_  
\_\_\_\_\_

**Client Initial:** \_\_\_\_\_

List all financial accounts which were closed, sold, or transferred by you or your spouse within the past 18 months, including name and address of the institution; type, number, and final balance of account; and amount and date of sale or closing: \_\_\_\_\_

List the contents and their value of any safe deposit boxes controlled by you or your spouse within the past 18 months: \_\_\_\_\_  
\_\_\_\_\_

List all set-offs made by an creditor against you or your spouse within the past 120 days, including the name and address of the creditor; the date of the setoff; and the amount of the setoff: \_\_\_\_\_  
\_\_\_\_\_

List all property you hold for another person, including the name and address of the owner, a description and valuation of the property, and the location of the property: \_\_\_\_\_  
\_\_\_\_\_

List any codebtors or lawsuits not already listed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any liens (including judicial liens) against your property (**\*\*IT IS EXTREMELY IMPORTANT THAT YOU LIST ALL LIENS AGAINST YOUR PROPERTY. IF YOU WOULD LIKE, WE WILL ARRANGE TO HAVE A TITLE SEARCH PERFORMED BY AN INDEPENDENT AGENCY. PLEASE CONTACT US TO ARRANGE FOR PAYMENT OF THE AGENCY'S FEES AND EXPENSES\*\***) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF YOU ARE SELF-EMPLOYED, PLEASE ANSWER THE FOLLOWING:

List all bookkeepers and accountants within the last 6 years: \_\_\_\_\_  
\_\_\_\_\_

Client Initial: \_\_\_\_\_



List all who have audited your books of account: \_\_\_\_\_

List who is in possession of your books of account: \_\_\_\_\_

List the dates of the last two (2) inventories and names of supervisors: \_\_\_\_\_

List all current partners, officers, directors and shareholders: \_\_\_\_\_

**II. SECURED CREDITOR QUESTIONS**

**A. THIS SECTION COVERS CREDITORS THAT ARE SECURED BY ANY COLLATERAL. FOR EXAMPLE YOUR HOUSE, CAR, ETC... . THIS SECTION PROVIDES SEPARATE INFORMATION SPACES FOR EACH CREDITOR, PLEASE LIST ONE (1) CREDITOR FOR EACH SPACE. IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY USE REGULAR PAPER WITH THE REQUIRE INFORMATION OR YOU CAN MAKE COPIES OF THIS PAGE.**

Please fill out this section in its entirety, **COMPLETE ADDRESSES WITH ZIP CODES ARE REQUIRED BY THE COURT AND YOUR CASE CAN NOT BE FILED WITHOUT ADDRESSES.**

**(1) NAME and ADDRESS OF CREDITOR:**

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

Account No.: \_\_\_\_\_

Date Loan was Incurred: \_\_\_\_\_

Description of Secured Property **PLEASE SELECT THE PROPERTY REFERRING TO THE ABOVE DEBT.**

\_\_\_\_\_  Single Family house       Townhouse       Condo

Automobile (describe, year, make & model) \_\_\_\_\_

\_\_\_\_\_  Other (describe) \_\_\_\_\_

Type of Debt:       First Mortgage       Automobile Loan

Second Mortgage       Other (describe) \_\_\_\_\_

**Client Initial:** \_\_\_\_\_

Current Value of Property: \_\_\_\_\_

- Appraised value       Tax assessed value  
 Blue book value       Other (please specify) \_\_\_\_\_

Who owes this?:     HUSBAND       WIFE       JOINT       SINGLE  
CO-SIGNER (name and relationship) \_\_\_\_\_

Total Payoff Amount (Principal):    \$ \_\_\_\_\_

Monthly Payment:                      \$ \_\_\_\_\_

Finance/interest rate:                      \_\_\_\_\_ %

# of months behind:                      \_\_\_\_\_

Payment due date:                      \_\_\_\_\_

**(2) NAME and ADDRESS OF CREDITOR:**

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

Account No.: \_\_\_\_\_

Date Loan was Incurred: \_\_\_\_\_

Description of Secured Property: **PLEASE SELECT THE PROPERTY REFERRING TO THE ABOVE DEBT.**

- \_\_\_\_\_  Single Family house       Townhouse       Condo  
 Automobile (describe, year, make & model) \_\_\_\_\_  
\_\_\_\_\_  Other (describe) \_\_\_\_\_

Type of Debt:       First Mortgage                       Automobile Loan  
                          Second Mortgage                       Other (describe) \_\_\_\_\_

**Client Initial:** \_\_\_\_\_

Current Value of Property: \_\_\_\_\_

- Appraised value             Tax assessed value  
 Blue book value             Other (please specify) \_\_\_\_\_

Who owes this?:     HUSBAND     WIFE     JOINT     SINGLE

CO-SIGNER (name and relationship) \_\_\_\_\_

Total Payoff Amount (Principal):    \$ \_\_\_\_\_

Monthly Payment:                      \$ \_\_\_\_\_

Finance/interest rate:                      \_\_\_\_\_ %

# of months behind:                      \_\_\_\_\_

Payment due date:                      \_\_\_\_\_

**\*\*\*ATTACH COPIES OF ALL BILLS YOU HAVE RECEIVED WITHIN THE PAST 90 DAYS ON ALL ACCOUNTS LISTED ABOVE\*\*\***

**III. PRIORITY CLAIMS - TAX QUESTIONS**

FEDERAL TAXES OWED:

Who owes?     HUSBAND     WIFE     JOINT     SINGLE

Amount: \$ \_\_\_\_\_            For which year(s): \_\_\_\_\_

STATE TAXES OWED:

Which State(s):  MARYLAND     VIRGINIA             DISTRICT OF COLUMBIA  
 OTHER \_\_\_\_\_

Who owes?     HUSBAND     WIFE     JOINT     SINGLE

Amount: \$ \_\_\_\_\_            For which year(s): \_\_\_\_\_

LOCAL TAXES (COUNTY)

Which County? \_\_\_\_\_

Who owes?     HUSBAND     WIFE     JOINT     SINGLE

Amount: \$ \_\_\_\_\_            For which year(s): \_\_\_\_\_

**NOTE: Please advise us if you have not filed tax returns for any of the past three years. If this applies to you, you must file tax returns IMMEDIATELY.**

**Client Initial:** \_\_\_\_\_

**IV. UNSECURED CREDITORS QUESTIONS**

**THIS SECTION COVERS CREDITORS THAT ARE NOT SECURED BY COLLATERAL. FOR EXAMPLE: CREDIT CARDS, PERSONAL LOANS, MEDICAL EXPENSES, ETC... PLEASE LIST ONE (1) CREDITOR FOR EACH SPACE. IF YOU REQUIRE ADDITIONAL SPACE, YOU MAY USE REGULAR PAPER WITH THE REQUIRED INFORMATION OR YOU MAY MAKE COPIES OF THIS PAGE.**

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**IF YOU WISH TO KEEP ANY CREDIT CARDS, OR RE-AFFIRM ANY DEBT FOR ANY REASON, PLEASE CIRCLE THE NAME AND ADDRESS OF THE CREDITOR(S)**

**(1) NAME and ADDRESS OF CREDITOR:** \_\_\_\_\_

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

Account No: \_\_\_\_\_  
Type of Debt:  Credit Charges  Line of Credit  Personal Loan  
 Medical Expenses  Other (describe) \_\_\_\_\_

Who owes?  HUSBAND \_\_\_\_\_  WIFE  JOINT  SINGLE  
CO-SIGNER (name and relationship) \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Date debt was incurred: \_\_\_\_\_

**(2) NAME and ADDRESS OF CREDITOR:**

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

Account No: \_\_\_\_\_  
Type of Debt:  Credit Charges  Line of Credit  Personal Loan  
 Medical Expenses  Other (describe) \_\_\_\_\_

Who owes?  HUSBAND \_\_\_\_\_  WIFE  JOINT  SINGLE  
CO-SIGNER (name and relationship) \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Date debt was incurred: \_\_\_\_\_

**Client Initial:** \_\_\_\_\_

**(3) NAME and ADDRESS OF CREDITOR:**

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

Account No: \_\_\_\_\_

Type of Debt:  Credit Charges  Line of Credit  Personal Loan  
 Medical Expenses  Other (describe) \_\_\_\_\_

Who owes?  HUSBAND\_\_\_\_\_ WIFE  JOINT  SINGLE  
CO-SIGNER (name and relationship) \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Date debt was incurred: \_\_\_\_\_

**(4) NAME and ADDRESS OF CREDITOR:**

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

Account No: \_\_\_\_\_

Type of Debt:  Credit Charges  Line of Credit  Personal Loan  
 Medical Expenses  Other (describe) \_\_\_\_\_

Who owes?  HUSBAND\_\_\_\_\_ WIFE  JOINT  SINGLE  
CO-SIGNER (name and relationship) \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Date debt was incurred: \_\_\_\_\_

**Client Initial:** \_\_\_\_\_

**(5) NAME and ADDRESS OF CREDITOR:**

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

Account No: \_\_\_\_\_

Type of Debt:  Credit Charges  Line of Credit  Personal Loan  
 Medical Expenses  Other (describe) \_\_\_\_\_

Who owes?  HUSBAND\_\_\_\_ WIFE  JOINT  SINGLE  
CO-SIGNER (name and relationship) \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Date debt was incurred: \_\_\_\_\_

**(6) NAME and ADDRESS OF CREDITOR:**

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

Account No: \_\_\_\_\_

Type of Debt:  Credit Charges  Line of Credit  Personal Loan  
 Medical Expenses  Other (describe) \_\_\_\_\_

Who owes?  HUSBAND\_\_\_\_ WIFE  JOINT  SINGLE  
CO-SIGNER (name and relationship) \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Date debt was incurred: \_\_\_\_\_

**Client Initial:** \_\_\_\_\_

**\*\*\*ATTACH COPIES OF ALL BILLS YOU HAVE RECEIVED WITHIN THE PAST 90 DAYS ON ALL ACCOUNTS LISTED ABOVE\*\*\***

**\*\*\*ATTACH COPIES OF ALL LOAN DOCUMENTS\*\*\***

**\*\*\*ATTACH A COPY OF YOUR CREDIT REPORT FROM THE REPORTING BUREAUS THAT ARE NOT MORE THAN 15 DAYS OLD\*\*\***

**V. PROPERTY QUESTIONS**

**PLEASE LIST ALL PROPERTY OWNED, BY YOU OR JOINTLY WITH YOUR SPOUSE, HOW MUCH IT IS WORTH, WHETHER IT IS OWNED JOINTLY OR INDIVIDUALLY, AND WHETHER THERE IS ANY DEBT ON THE PROPERTY (e.g. AUTOMOBILE LOAN, ETC...)**

**REAL PROPERTY**

1. Type of property?  Single family house  Townhouse  
 Condominium  Other: \_\_\_\_\_

Address of property: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_

How was market value determined?

Information from State Department of Assessment and Taxation

Private appraisal: Date: \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Creditor(s) List only name (i.e., mortgage holders):

\_\_\_\_\_

\_\_\_\_\_

Total Payoff: \$ \_\_\_\_\_

Owned by:  HUSBAND  WIFE  JOINT  SINGLE  
CO-SIGNER (name and relationship) \_\_\_\_\_

Date of Purchase: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Purchase Price: \$ \_\_\_\_\_

**(2) CASH ON HAND/IN POCKET: \$ \_\_\_\_\_**

**(3) CHECKING/SAVINGS ACCOUNTS: IF OWE A DEBT TO ANY BANK OR CREDIT UNION WHERE YOU ALSO HAVE AN ACCOUNT, CLOSE OUT THAT ACCOUNT IMMEDIATELY. THE BANK OR CREDIT UNION MAY TRY TO TAKE YOUR MONEY.**

**Client Initial: \_\_\_\_\_**

(A) Name and address of Bank/Credit Union: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Balance in account: \$ \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of Account:  Checking account  Savings account  
 IRA  Other (describe): \_\_\_\_\_  
Owned by:  HUSBAND  WIFE  JOINT  SINGLE  
CO-SIGNER (name and relationship) \_\_\_\_\_

(B) Name and address of Bank/Credit Union: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Balance in account: \$ \_\_\_\_\_  
Account number: \_\_\_\_\_  
Type of Account:  Checking account  Savings account  
 IRA  Other (describe): \_\_\_\_\_  
Owned by:  HUSBAND  WIFE  JOINT  SINGLE  
CO-SIGNER (name and relationship) \_\_\_\_\_

**\*\*\* ATTACH COPIES OF STATEMENTS FROM ALL BANK ACCOUNTS FOR THE PAST 3 MONTHS \*\*\***

**(4) AUTOMOBILES**

(A) Year: \_\_\_\_\_ Model: \_\_\_\_\_ Make \_\_\_\_\_ Value \_\_\_\_\_  
(bluebook): \$ \_\_\_\_\_ Creditor: \_\_\_\_\_  
Owned by:  HUSBAND  WIFE  JOINT  SINGLE  
CO-SIGNED (name and relationship) \_\_\_\_\_

(B) Year: \_\_\_\_\_ Model: \_\_\_\_\_ Make \_\_\_\_\_ Value \_\_\_\_\_  
(bluebook): \$ \_\_\_\_\_ Creditor: \_\_\_\_\_  
Owned by:  HUSBAND  WIFE  JOINT  SINGLE  
CO-SIGNED (name and relationship) \_\_\_\_\_

**Client Initial:** \_\_\_\_\_



**(5) SECURITY DEPOSITS WITH LANDLORD, UTILITIES, ETC... (provide name & address with zip code)**

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

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

**(6) HOUSEHOLD GOODS (i.e. furniture, appliances, audio/video equipment, etc...):** \$ \_\_\_\_\_  
(Please complete the attached Table of Certain Possessions)

**(7) WEARING APPAREL:**

Value: \$ \_\_\_\_\_  
\_\_\_\_\_(Please complete the attached Table of Certain Possessions)

**(8) FURS AND JEWELRY:** \$ \_\_\_\_\_  
(Please complete the attached Table of Certain Possessions)

**(9) FIREARMS:** Value: \$ \_\_\_\_\_  
\_\_\_\_\_(Please complete the attached Table of Certain Possessions)

**(10) STOCKS, BONDS, ETC...(provide name of stock/bond and its current market value):**

\_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_ Value: \$ \_\_\_\_\_

**(11) MACHINERY, HOBBY EQUIPMENT, ETC...**

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

\_\_\_\_\_ Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**(12) INSURANCE POLICIES WITH CASH SURRENDER VALUE (Can you take a loan against insurance?:**

Policy: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Policy: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**(13) RETIREMENT PLANS/IRA/401K ETC (if your employer has a retirement plan for you, please list it here.):**

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**Client Initial:** \_\_\_\_\_

**(14) BOOKS, PICTURES, ANTIQUES, STAMPS/COINS, ETC.**

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**(15) ALIMONY, MAINTENANCE, SUPPORT, ETC.**

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**(16) INTEREST IN PARTNERSHIPS OR JOINT VENTURES:**

Description: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**(17) ACCOUNTS RECEIVABLE**

From whom: \_\_\_\_\_ Value: \$ \_\_\_\_\_

**(18) ANY OTHER TYPE OF PROPERTY NOT ALREADY LISTED (provide description and value; attach an additional sheet if necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS SPACE INTENTIONALLY LEFT BLANK**

**Client Initial:** \_\_\_\_\_

**VI. BUDGET QUESTIONS**

**PLEASE ATTACH MOST RECENT PAY STUBS FOR A SIX (6) MONTH PERIOD (IF YOU ARE MARRIED, YOU MUST ALSO ATTACH PAY STUBS FOR YOUR SPOUSE.)**

**A. Regular Income:**

(CLIENT) How often are you paid?

Monthly  Twice a month (i.e. 1st and 15th)

Every two (2) weeks  Weekly

Do you work overtime?  Yes  No

If YES, then list how many hours and rate per hour on average: \_\_\_\_\_

(SPOUSE) How often are you paid?

Monthly  Twice a month (i.e. 1st and 15th)

Every two (2) weeks  Weekly

Do you work overtime?  Yes  No

If YES, then list how many hours and rate per hour on average: \_\_\_\_\_

SELF EMPLOYMENT - PLEASE LIST THE MONTHLY INCOME FOR THE BUSINESS: \$ \_\_\_\_\_

	<u>CLIENT</u>	<u>SPOUSE</u>
GROSS PER PAY PERIOD:	\$ _____	\$ _____

DEDUCTIONS PER PAY PERIOD:

Federal Taxes: \$ \_\_\_\_\_ \$ \_\_\_\_\_

State Taxes: \$ \_\_\_\_\_ \$ \_\_\_\_\_

FICA/S.S.: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Taxes: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Insurance (health/life): \$ \_\_\_\_\_ \$ \_\_\_\_\_

Union Dues: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other Deductions? Explain

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

OTHER INCOME MONTHLY

Regular income from operation of business or profession or farm (attach statement) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Income from real property \$ \_\_\_\_\_ \$ \_\_\_\_\_

Interest and dividends \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Client Initial:** \_\_\_\_\_

Social Security or other public assistance:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Pension or retirement \$ \_\_\_\_\_ \$ \_\_\_\_\_

Spousal support received \$ \_\_\_\_\_ \$ \_\_\_\_\_

Child support received \$ \_\_\_\_\_ \$ \_\_\_\_\_

Specify for whom support is received, (ie. name, relationship and age): \_\_\_\_\_

\_\_\_\_\_

Other income (including part-time income)? Please specify:

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

If you or your spouse reasonably anticipate an increase in income over the next 18 months, please check the appropriate

box  You  Spouse

Do you have dependents living with you? If so, list their name, relationship and age:

\_\_\_\_\_

\_\_\_\_\_

**B. MONTHLY EXPENSES (PLEASE LIST EXPENSES MONTHLY. IF YOU MAKE PAYMENTS ON A QUARTERLY BASIS PLEASE MAKE A NOTE TO THAT EFFECT. EXPENSES SHOULD BE AN AVERAGE)**

Rent/1st Mortgage \$ \_\_\_\_\_ 2nd Mortgage \$ \_\_\_\_\_

Taxes included? [ ] Yes [ ] No Property insurance included? [ ] Yes [ ] No

Homeowner's Association/Condo Fees \$ \_\_\_\_\_

Repairs and upkeep on your home \$ \_\_\_\_\_

Electricity/heating fuel \$ \_\_\_\_\_

Water & sewer \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Client Initial: \_\_\_\_\_

Garbage \$ \_\_\_\_\_

Cable \$ \_\_\_\_\_

Security system \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Laundry/dry cleaning \$ \_\_\_\_\_

Medical/dental (out-of-pocket) \$ \_\_\_\_\_

Transportation (gas, maintenance, etc. NOT car payments) \$ \_\_\_\_\_

Recreation, books, subscriptions \$ \_\_\_\_\_

Charitable giving \$ \_\_\_\_\_

Homeowner's/renter's insurance \$ \_\_\_\_\_

Health insurance (not already deducted) \$ \_\_\_\_\_

Life insurance (not already deducted) \$ \_\_\_\_\_

Auto insurance \$ \_\_\_\_\_

Health Savings Account \$ \_\_\_\_\_

Disability insurance \$ \_\_\_\_\_

Taxes (not already deducted) \$ \_\_\_\_\_

Auto payment \$ \_\_\_\_\_

Day care \$ \_\_\_\_\_

Alimony, maintenance and child support \$ \_\_\_\_\_

Tuition expenses for a child under the age of 18 years \$ \_\_\_\_\_

Payments for support of elderly, chronically ill, or disabled household or immediate family member who is unable to pay \$ \_\_\_\_\_

Payments for support of other dependents \$ \_\_\_\_\_

**Client Initial:** \_\_\_\_\_

not living at home

Regular expenses from operation of business, profession, or farm \$ \_\_\_\_\_

Other monthly expenses (please itemize). Attach another sheet if necessary:

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

If you or your spouse reasonably anticipate an increase in your expenses within the next 18 months, please check the appropriate box.     You                       Your spouse

**C. IF YOU ARE SELF-EMPLOYED, PLEASE COMPLETE THE AVERAGE MONTHLY INCOME AND EXPENSES FOR YOUR COMPANY.**

**EXPENSES:**

Rent/Mortgage	\$ _____
Repair/Upkeep	\$ _____
Electricity/Heating Fuel	\$ _____
Water/Sewer	\$ _____
Telephone	\$ _____
Garbage	\$ _____
Security	\$ _____
Other Utilities	\$ _____
Insurance	\$ _____
Taxes:	\$ _____
Installments on equipment	\$ _____
Rental/Lease payments	\$ _____
Maintenance of equipment	\$ _____
Advertising	\$ _____
Bank service charges	\$ _____
Office expenses	\$ _____
Dues/Publications	\$ _____
Laundry/Cleaning	\$ _____
Supplies/Materials	\$ _____
Freight	\$ _____
Travel/Entertainment	\$ _____
Wages/Salaries	\$ _____
Commissions	\$ _____
Employee benefit programs	\$ _____
Pensions/Profit sharing plans	\$ _____
Production costs	\$ _____
Other expenses (describe)	\$ _____

**Client Initial:** \_\_\_\_\_

I HAVE COMPLETED THE FOREGOING QUESTIONNAIRE, AND THE INFORMATION CONTAINED IS TRUE AND CORRECT

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

**Client Initial:** \_\_\_\_\_

In re: \_\_\_\_\_

**TABLE OF CERTAIN POSSESSIONS**

Household goods and furnishings		
Item	No. of items	Value
Sofa		
Chair		
Table		
Lamp		
Bed		
Dresser		
Rugs		
TV		
VCR		
Stereo		
Appliances		
1.		
2.		
3.		
Other		
1.		
2.		
3.		

Clothing		
Item	No. of items	Value
Shirts/ Blouses		
Pants		
Suits		
Ties		
Coats/ Jackets		
Overcoats		
Sweaters		
Belts		
Shoes		
Hats		
Dresses		
Skirts		
Other		
1.		
2.		
3.		
4.		
5.		

Jewelry		
Item	No. of items	Value
Watches		
Rings		
Necklaces		
Bracelets		
Other		
1.		
2.		
3.		
Sports Equipment		
Bicycles		
Firearms		
Other		
1.		
2.		
3.		
4.		
5.		

Client Initial: \_\_\_\_\_