

# Bankruptcy Worksheet

Heller & Thyen, P.A.

2701 University Ave SE. Ste 209

Minneapolis, MN 55414

Toll Free: 1-888-570-9899

Fax: 888-502-5873

STEPHEN L. HELLER

*Attorney at Law*

steve@hellerthyen.com

ROBERT S. THYEN

*Attorney at Law*

robb@hellerthyen.com

ERIN L. KIPKA

*Paralegal*

erin@hellerthyen.com

JESSICA M. KLUKKEN

*Paralegal*

jessica@hellerthyen.com

KELSIE L. WEAVER

*Legal Assistant*

kelsi@hellerthyen.com

**For Office Use Only:**

Debtor(s) Name: \_\_\_\_\_ File No: \_\_\_\_\_

Date Received: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Co-Signor  yes  No

Signing Date: \_\_\_\_\_

Chapter 7

Chapter 13

Prep Signing

Long Form Fee App

Lien Strip

\* Income Review

\* Asset Review

State Exemptions

Federal Exemptions

Attorney: RST SLH

Paralegal: JMK ELK

# Payment Terms

## **Chapter 13 Bankruptcy:**

A. We will file your chapter 13 with \$310.00 down. Our remaining fees and costs will be paid through your chapter 13 repayment plan.

If your case is not filed within 30 days of the initial retainer, we require an ongoing payment of \$100 a month which will be applied toward your attorney fees.

## **Chapter 7 Bankruptcy:**

### **A. Payment in full:**

Single or Joint filing: \$1,835.00 (Attorney's fees: \$1,500.00 plus court filing fee: \$335.00)

### **B. Partial payment with a co-signer:**

Single or Joint Filing: \$2,035.00 (Attorney's fees: \$1,700.00 plus court filing fee: \$335.00).

\$500.00 down, plus co-signer form completed, signed and notarized.

Monthly payments of \$100.00 are required after your initial retainer fee is paid.

**We will not file a chapter 7 bankruptcy case unless requirements of A or B are met.**

**\* Fees are subject to Contract for Bankruptcy Services.**

\*NOTES\*

## NOTICE – IMPORTANT:

- Upon filing bankruptcy, your bank may stop automatic payments from your checking or savings accounts. It is ***YOUR RESPONSIBILITY*** to follow-up with your bank to make arrangements for continued payments.
- If you are planning on keeping your secured property (i.e. your car, your house) you must continue to make your payments each month and keep current on those payments. Your bank may stop sending you loan payment coupons or monthly billing statements, however, you must continue to make your payments regardless.
- Bankruptcy will not discharge these debts, but they must be listed in this worksheet:
  - student loans
  - fraud and restitution
  - child support
  - some taxes
  - joint debts you are ordered to pay in a divorce decree
- You are required to complete a credit counseling course before you can file bankruptcy. After filing bankruptcy, you are required to complete a post counseling financial management course in order for you to receive a discharge from the bankruptcy court. Included in this folder is a list of credit counseling agencies that you may contact to arrange for these courses.

---

A credit report will be obtained for purposes of reviewing and listing all of your liabilities. Please sign below authorizing Heller & Thyen, P.A. to obtain your credit file.

X \_\_\_\_\_

X \_\_\_\_\_

## BASIC INFORMATION

### Bankruptcy Filer No. 1:

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

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

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

Mailing Address (if different): \_\_\_\_\_

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

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_ May we contact you at work: \_\_\_ No \_\_\_ Yes

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status (circle one): Married Single Divorced Widowed Married but Separated

Are you not married but living as a family with another person? \_\_\_ Yes \_\_\_ No

Have you used any other names in the past 8 years? \_\_\_ No \_\_\_ Yes (re: maiden names, businesses, corporations)

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

### Bankruptcy Filer No. 2:

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

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

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

Mailing Address (if different): \_\_\_\_\_

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

Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_ May we contact you at work: \_\_\_ No \_\_\_ Yes

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Have you used any other names in the past 8 years? \_\_\_ No \_\_\_ Yes (re: maiden names, businesses, corporations)

If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTE:** It is important to disclose all real estate that you own or are a joint owner of or have an ownership interest. If you do not have a full interest in the property, please provide the percentage of interest you own.

### HOMESTEAD

Do you own a **home**? \_\_\_\_ Yes \_\_\_\_ No

Are you \_\_\_\_ Keeping \_\_\_\_ Surrendering?

Are you behind on the mortgage? \_\_\_\_ Yes \_\_\_\_ No If so: \$ \_\_\_\_\_

Type of Debt	Name	Amount Owed	Law Firm Representing (if applicable)	Name and Address of co-signer/co-owner (if applicable)
1 <sup>st</sup> Mortgage Company		\$ _____		
2 <sup>nd</sup> Mortgage Company		\$ _____		
Home Equity Loan		\$ _____		

### OTHER HOMES OR RENTAL PROPERTIES

Do you own any **other homes or rental properties**? (i.e. cabins) \_\_\_\_ Yes \_\_\_\_ No

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

Are you \_\_\_\_ Keeping \_\_\_\_ Surrendering?

Is there a lien against the property? \_\_\_\_ Yes \_\_\_\_ No

Are you behind on the lien? \_\_\_\_ Yes \_\_\_\_ No If so: \$ \_\_\_\_\_

Type of Debt	Name	Amount Owed	Law Firm Representing (if applicable)	Name and Address of co-signer/co-owner (if applicable)
1 <sup>st</sup> Mortgage Company		\$ _____		
2 <sup>nd</sup> Mortgage Company		\$ _____		

## LAND OR VACANT LOT

Do you own **land**? \_\_\_ Yes \_\_\_ No

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

Do you have a loan against the land? \_\_\_ Yes \_\_\_ No

Are you \_\_\_ Keeping \_\_\_ Surrendering?

Are you behind on the mortgage \_\_\_ Yes \_\_\_ No If so: \$ \_\_\_\_\_

Type of Debt	Name	Amount Owed	Law Firm Representing (if applicable)	Name and Address of co-signer/co-owner (if applicable)
1 <sup>st</sup> Mortgage Company		\$ _____		
2 <sup>nd</sup> Mortgage Company		\$ _____		

## LIFE ESTATE/REMAINDER INTEREST PROPERTIES

Do you have a **remainder interest** in any real estate? \_\_\_ Yes \_\_\_ No

(A remainder interest typically occurs when a parent lists their child on their property for estate planning. Therefore, a child will actually be on the deed of the property. When the parent passes away, the property will be turned over to the child.)

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

Are you \_\_\_ Keeping \_\_\_ Surrendering?

Who do you own it with? \_\_\_\_\_

Grantor(s) Name: \_\_\_\_\_ Age: \_\_\_\_\_

What ownership interest do you have? \_\_\_\_\_

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

Is there a lien on the property? \_\_\_ Yes \_\_\_ No If so \$ \_\_\_\_\_

## TIMESHARE

Do you have a **timeshare**? \_\_\_ Yes \_\_\_ No

Are you \_\_\_ Keeping \_\_\_ Surrendering?

Name of Timeshare	Address	Amount Owed	Co-signer
		\$ _____	

## PERSONAL PROPERTY

Do you have **cash on hand**? \_\_\_\_ Yes \_\_\_\_ No    If yes, amount: \$\_\_\_\_\_

Do you have a **bank account**? \_\_\_\_ Yes \_\_\_\_ No

Type of Account	Name of Bank	Account No.	Owner: Husband, Wife, Joint

Do you have a **prepaid debit card**? \_\_\_\_ Yes \_\_\_\_ No

Name of Bank	Balance	Owner: Husband, Wife, Joint
	\$ _____	
	\$ _____	
	\$ _____	

Do you have a **health savings account**? \_\_\_\_ Yes \_\_\_\_ No    If yes, balance: \$\_\_\_\_\_

Owner of health savings account (please circle):    Husband    Wife    Joint

Do you have a pension, profit sharing, 401k, IRA, Roth IRA, PERA, 403b, or annuity? \_\_\_\_ Yes \_\_\_\_ No

Type of Account	Market Value	Financial Institution	Owner: Husband, Wife, Joint
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		
	\$ _____		

**PERSONAL PROPERTY *continued***

Do you have an interest in any **stock, bonds, or other investments**? \_\_\_\_ Yes \_\_\_\_ No If yes, please list: \_\_\_\_\_

Do you have a “**term**” **life insurance policy** (death benefit only)? \_\_\_\_ Yes \_\_\_\_ No

Name of Financial Institution	Owner: Husband or Wife

Do you have a “**whole life**” **insurance policy** (cash value)? \_\_\_\_ Yes \_\_\_\_ No

Name of Financial Institution	Cash Value	Owner: Husband or Wife
	\$ _____	
	\$ _____	

Have you paid any **damage deposits**? (i.e. rental, utility companies) \_\_\_\_ Yes \_\_\_\_ No

Type of Deposit	Amount of Deposit	Name & Address of Party Holding Deposit
	\$ _____	
	\$ _____	

Are you currently involved in any **work comp and/or personal injury claim** or have a right to bring a claim for injuries? \_\_\_\_ Yes \_\_\_\_ No If yes, please list the name and address of the attorney representing you: \_\_\_\_\_

Are you expecting to receive an **inheritance** within the next 12 months? \_\_\_\_ Yes \_\_\_\_ No



## PERSONAL PROPERTY *continued*

Do you own any of the following:

Type of Property	Description	Market Value	Owner: Husband, Wife, Joint
<b>Household goods and furnishings</b> (this includes: furniture, appliances, etc.)			
<b>Computers, printers, monitors, iPad, tablets</b>			
<b>Collectables</b> (this includes: coins, stamps, art, etc.)			
<b>Jewelry</b> (this includes: wedding bands, rings, watches, etc.)			
<b>Hobby Equipment</b> (this includes: bikes, golf clubs, camping equipment, etc.)			
<b>Farm Supplies</b> (this includes: chemicals, feed, equipment, etc.)			
<b>Livestock &amp; Horses</b>			
<b>Tools</b> (this includes: hand tools, power tools, garden & lawn tools, etc.)			
<b>Guns*</b>	Make & Model:		
<b>Any other personal property not listed above</b>			

\*Use a separate page if needed.

## AUTOMOBILES

Do you own any **automobiles**? \_\_\_\_ Yes \_\_\_\_ No (if yes, please list below)

1.	Year	Make	Model	Mileage	Loan	Keeping or Surrendering
				_____	Yes or No	
2.	Year	Make	Model	Mileage	Loan	Keeping or Surrendering
				_____	Yes or No	
3.	Year	Make	Model	Mileage	Loan	Keeping or Surrendering
				_____	Yes or No	
4.	Year	Make	Model	Mileage	Loan	Keeping or Surrendering
				_____	Yes or No	
5.	Year	Make	Model	Mileage	Loan	Keeping or Surrendering
				_____	Yes or No	
6.	Year	Make	Model	Mileage	Loan	Keeping or Surrendering
				_____	Yes or No	

## RECREATIONAL VEHICLES

Do you own a  **Motorcycle**  **3-wheeler**  **4-wheeler**?

1. Year	Make	Model	Value	Loan	Keeping or Surrendering
			\$ _____	Yes or No	
2. Year	Make	Model	Value	Loan	Keeping or Surrendering
			\$ _____	Yes or No	
3. Year	Make	Model	Value	Loan	Keeping or Surrendering
			\$ _____	Yes or No	

Do you own a **snowmobile**?  Yes  No

1. Year	Make	Model	Value	Loan	Keeping or Surrendering
			\$ _____	Yes or No	
2. Year	Make	Model	Value	Loan	Keeping or Surrendering
			\$ _____	Yes or No	

Do you own a  **Boat**  **Motor**  **Trailer**  **Jetski**?

1. Year	Make	Model	Value	Keeping or Surrendering
			\$ _____	
2. Year	Make	Model	Value	Keeping or Surrendering
			\$ _____	

**RECREATIONAL VEHICLES *continued***

Do you own a **camper**? \_\_\_\_ Yes \_\_\_\_ No

Year	Make	Model	Value	Keeping or Surrendering
			\$ _____	

Do you own a **riding lawn mower**? \_\_\_\_ Yes \_\_\_\_ No

Year	Make	Model	Value
			\$ _____

Do you have any **trailers**? \_\_\_\_ Yes \_\_\_\_ No

Year	Type	Value

Do you own any other recreational vehicle not listed above? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide a description and value: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MOBILE HOME**

Do you own a **manufactured home**? \_\_\_\_ Yes \_\_\_\_ No

If yes, is it your residence? \_\_\_\_ Yes \_\_\_\_ No

Who is listed on the loan? \_\_\_\_\_

Year	Make	Model	Value	Keeping or Surrendering
			\$ _____	

## PRIORITY DEBTS

Please note that most priority debts can not be discharged in a bankruptcy. If you are unsure if a debt is dischargeable please discuss with your attorney. It is very important that each creditor have an address. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT MAY NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address	Amount Owed	Collection Agency &/or Law Firm Name & Address(company collecting for original creditor)
Unpaid Federal Taxes		Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____	
Unpaid State Taxes		Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____	
Unpaid Property Taxes		Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____ Year: _____ Amount: \$ _____	
Court Fines		\$ _____	
Court Ordered Restitution		\$ _____	

Do you owe child support, maintenance or alimony: \_\_\_\_ Yes \_\_\_\_ No

Name, Address & Number of parent receiving support:	Monthly Payment	Amount Behind (Back Pay)	Name and Address of child support agency:
	\$ _____	\$ _____	
	\$ _____	\$ _____	

## UNSECURED DEBTS

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT MAY NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address (company collecting for original creditor)	Co-Debtor Name and Address
Student Loan (not dischargeable, but must be listed)		\$ _____		
Student Loan (not dischargeable, but must be listed)		\$ _____		
Personal Loan (i.e. to family or friends)		\$ _____		
Personal Loan  Acct #:		\$ _____		
Credit Card  Acct #:		\$ _____		
Credit Card  Acct #:		\$ _____		
Credit Card  Acct #:		\$ _____		
Credit Card  Acct #:		\$ _____		

## UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT MAY NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address(company collecting for original creditor)	Co-Debtor Name and Address
Credit Card  Acct #:		\$ _____		
Credit Card  Acct #:		\$ _____		
Credit Card  Acct #:		\$ _____		
Credit Card  Acct #:		\$ _____		
Credit Card  Acct #:		\$ _____		
Credit Card  Acct #:		\$ _____		
Credit Card  Acct #:		\$ _____		
Credit Card  Acct #:		\$ _____		

## UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT MAY NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address(company collecting for original creditor)	Co-Debtor Name and Address
Medical Bill  Acct #:		\$ _____		
Medical Bill  Acct #:		\$ _____		
Medical Bill  Acct #:		\$ _____		
Medical Bill  Acct #:		\$ _____		
Medical Bill  Acct #:		\$ _____		
Medical Bill  Acct #:		\$ _____		
Medical Bill  Acct #:		\$ _____		
Medical Bill  Acct #:		\$ _____		



## UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT MAY NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

<b>Type of Debt</b>	<b>Creditor Name &amp; Address Account Number</b>	<b>Amount Owed</b>	<b>Collection Agency &amp;/or Law Firm Name &amp; Address(company collecting for original creditor)</b>	<b>Co-Debtor Name and Address</b>
Unpaid Utility Bill (some utilities may require a deposit to continue service) Acct #:		\$ _____		
Unpaid Utility Bill (some utilities may require a deposit to continue service) Acct #:		\$ _____		
Unpaid Utility Bill (some utilities may require a deposit to continue service) Acct #:		\$ _____		
Unpaid Utility Bill (some utilities may require a deposit to continue service) Acct #:		\$ _____		
Unpaid Rent or past due rent		\$ _____		
Repo'd car & other secured property (i.e. foreclosed home)		\$ _____		
Repo'd car & other secured property (i.e. foreclosed home)		\$ _____		

## UNSECURED DEBTS *continued*

List below all debts that you owe, or creditors that you think you owe. Also list any collection agency or other persons that are, or have attempted to collect a debt. It is very important that each debt or creditor have an address included and the correct account number. This will ensure that each creditor gets notice of the bankruptcy filing. REMEMBER, A DEBT MAY NOT BE DISCHARGED IF THE CREDITOR DOES NOT RECEIVE NOTICE OF THE BANKRUPTCY.

Type of Debt	Creditor Name & Address Account Number	Amount Owed	Collection Agency &/or Law Firm Name & Address(company collecting for original creditor)	Co-Debtor Name and Address
Bank Loans  Acct #:		\$ _____		
Bank Loans  Acct #:		\$ _____		
Ready Reserves at Bank  Acct #:		\$ _____		
Unpaid Service Fees (i.e. plumbers, attorneys, mechanic)  Acct #:		\$ _____		
PayDay Loans  Acct #:		\$ _____		
Other Debt (magazine subscriptions, mail order, etc.) Acct #:		\$ _____		
Other Debt (magazine subscriptions, mail order, etc.)  Acct #:		\$ _____		

## UNEXPIRED LEASES AND CONTRACTS

List below any leases or contracts that are still current that you are a party to. Include residential leases, car leases, business and service leases or contracts, gym contracts, satellite, TV contracts, supplier contracts, insurance contracts, partnership agreements, franchise agreement, repurchase options, software licenses, settlement agreements, employment contractors, escrow for the sale of land and collective bargaining agreements. A debtor can keep such contracts or leases if they choose.

Type of Lease	Address of Party Holding Lease/Contract	Lease/Contract Length	Keeping or Surrendering
Apartment lease or other residential lease (provide even if month to month)			
Contract for Deed			
Vehicle Lease			
Cell Phone Contract			
Gym Contract			
Storage Unit			

## CURRENT INCOME

### Debtor's Income

List all persons residing in your residence, dependents who are full time students, and dependents that you are paying child support for.

Age:	Relationship:	Do they live with you? Yes or No

1. What is your occupation? \_\_\_\_\_
2. Name of your employer: \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. How long have you been employed there? \_\_\_\_\_ Years \_\_\_\_\_ Months
- 5. Are you paid \_\_\_\_\_ weekly \_\_\_\_\_ bi-weekly \_\_\_\_\_ semi-monthly**
6. Do you get yearly, monthly, quarterly bonuses? Yes \_\_\_\_\_ No \_\_\_\_\_

**YOU ARE REQUIRED TO PROVIDE 6 MONTHS OF PAYSTUBS.** If you have not provided us with six months of paystubs, please state why. (example: I was unemployed from \_\_\_\_\_ to \_\_\_\_\_. Or I am as seasonal employee and worked only from \_\_\_\_\_ to \_\_\_\_\_.) If you received unemployment compensation, you must provide us copies of this compensation.

**SECOND JOB (if applicable)**

- 1. What is your occupation? \_\_\_\_\_
- 2. Name of your employer: \_\_\_\_\_
- 3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4. How long have you been employed there? \_\_\_\_\_ Years \_\_\_\_\_ Months
- 5. Are you paid \_\_\_\_ weekly \_\_\_\_ bi-weekly \_\_\_\_ semi-monthly

**OTHER INCOME**

- 1. Social Security: Amount per month \$ \_\_\_\_\_
- 2. Disability: Amount per month \$ \_\_\_\_\_
- 3. Social Security Disability: Amount per month \$ \_\_\_\_\_
- 4. Retirement or Pension money: Amount per month \$ \_\_\_\_\_
- 5. Income from Rental Property: Amount per month \$ \_\_\_\_\_
- 6. Income from Interest or Dividends: Amount per month \$ \_\_\_\_\_
- 7. Unemployment Benefits: Amount per month \$ \_\_\_\_\_
- 8. Child Support: Amount per month \$ \_\_\_\_\_
- 9. Any other sources of income not listed above: Amount per month \$ \_\_\_\_\_

Explain Source: \_\_\_\_\_

- 10. Has there been an increase or decrease in your income in the past year: \_\_\_\_ No \_\_\_\_ Yes

If yes, explain: \_\_\_\_\_

## SPOUSE'S OR SIGNIFICANT OTHER'S INCOME

1. What is your occupation? \_\_\_\_\_
2. Name of your employer: \_\_\_\_\_
3. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. How long have you been employed there? \_\_\_\_\_ Years \_\_\_\_\_ Months
5. Are you paid \_\_\_ weekly \_\_\_ bi-weekly \_\_\_ semi-monthly
6. Do you get yearly, monthly, quarterly bonuses? Yes \_\_\_ No \_\_\_

**YOU ARE REQUIRED TO PROVIDE 6 MONTHS OF PAYSTUBS.** If you have not provided us with six months of paystubs, please state why. (example: I was unemployed from \_\_\_\_\_ to \_\_\_\_\_. Or I am a seasonal employee and worked only from \_\_\_\_\_ to \_\_\_\_\_). If you received unemployment compensation, you must provide us copies of this compensation.

### SECOND JOB (if applicable)

1. What is your occupation? \_\_\_\_\_
2. Name of your employer: \_\_\_\_\_
3. Address of your employer: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. How long have you been employed there? \_\_\_\_\_ Years \_\_\_\_\_ Months
5. Are you paid \_\_\_ weekly \_\_\_ bi-weekly \_\_\_ semi-monthly

### OTHER INCOME

1. Social Security: Amount per month \$ \_\_\_\_\_
2. Disability: Amount per month \$ \_\_\_\_\_
3. Social Security Disability: Amount per month \$ \_\_\_\_\_
4. Retirement or Pension money: Amount per month \$ \_\_\_\_\_
5. Income from Rental Property: Amount per month \$ \_\_\_\_\_
6. Income from Interest or Dividends: Amount per month \$ \_\_\_\_\_
7. Unemployment Benefits: Amount per month \$ \_\_\_\_\_
8. Child Support: Amount per month \$ \_\_\_\_\_
9. Any other sources of income not listed above: Amount per month \$ \_\_\_\_\_

Explain Source: \_\_\_\_\_

10. Has there been an increase or decrease in your income in the past year: \_\_\_ No \_\_\_ Yes  
If yes, explain: \_\_\_\_\_

## CURRENT EXPENSES

Do you and your spouse maintain separate households? \_\_\_ Yes \_\_\_ No If yes, provide amounts for your household and an amount for your spouse's household.

The following questions ask for your average expenses per month. If the expense is not paid monthly, please explain.

- |  |              |
|--|--------------|
| 1. Rent or Mortgage payment.....   | 1. \$ _____  |
| If not included in line 1:   |              |
| a. Real estate taxes.....  | a. \$ _____  |
| b. Property, homeowner's or renter's insurance.....  | b. \$ _____  |
| c. Home maintenance, repair, and upkeep expenses.....  | c. \$ _____  |
| d. Homeowner's association or condominium dues.....  | d. \$ _____  |
| 2. Additional mortgage payments for your residence (2 <sup>nd</sup> mortgage, home equity loan)..... | 2. \$ _____  |
| 3. Utilities:  |              |
| a. Electricity, heat, natural gas.....   | a. \$ _____  |
| b. Water, sewer.....   | b. \$ _____  |
| c. Home telephone.....   | c. \$ _____  |
| d. Cell phone.....   | d. \$ _____  |
| e. Cable Bundle (cable, internet, phone).....  | e. \$ _____  |
| f. Cable (not bundled).....  | f. \$ _____  |
| g. Internet (not bundled).....   | g. \$ _____  |
| h. Garbage.....  | h. \$ _____  |
| 4. Food.....   | 4. \$ _____  |
| 5. Childcare and Children's education (daycare, tuition).....  | 5. \$ _____  |
| 6. Clothing, laundry and dry cleaning.....   | 6. \$ _____  |
| 7. Personal care products/services (toiletries).....   | 7. \$ _____  |
| 8. Medical and dental expense (co-pays, medication, etc).....  | 8. \$ _____  |
| 9. Transportation (fuel, maintenance-but not car payment).....                                       | 9. \$ _____  |
| 10. Entertainment, recreation, newspapers, magazines.....  | 10. \$ _____ |
| 11. Charitable contributions.....  | 11. \$ _____ |
| 12. Insurance ( <b>not deducted from paychecks</b> )   |              |
| a. Life insurance.....   | a. \$ _____  |
| b. Health insurance.....   | b. \$ _____  |
| c. Auto insurance.....   | c. \$ _____  |
| d. Other insurance (specify).....  | d. \$ _____  |
| 13. Taxes not deducted from paycheck (if you pay in for income taxes).....                           | 13. \$ _____ |
| 14. Vehicle tabs.....  | 14. \$ _____ |
| 15. Tax preparation fees.....  | 15. \$ _____ |
| 16. License fees.....  | 16. \$ _____ |
| 17. Car payment #1.....  | 17. \$ _____ |
| 18. Car payment #2.....  | 18. \$ _____ |
| 19. Student loan payments.....   | 19. \$ _____ |
| 20. Alimony, maintenance support ( <b>not deducted from paychecks</b> ).....                         | 20. \$ _____ |
| 21. Payments for support of dependents not living at home.....                                       | 21. \$ _____ |
| 22. Diapers/formula/baby supplies.....   | 22. \$ _____ |
| 23. School lunches or activities for dependents.....   | 23. \$ _____ |
| 24. Pet food/vet.....  | 24. \$ _____ |
| 25. Alarm system.....  | 25. \$ _____ |

## STATEMENT OF FINANCIAL AFFAIRS

If you are filing jointly with your spouse, include information for both you and your spouse. If you are filing under Chapter 13, and you are married and not separated, you **must** provide information about your spouse.

If you have no information to report for a question, state “**NONE.**”

**1. Gross income (before taxes are taken) from employment or operation of business: Refer to your W-2 forms.**

2019 (Year to date):     You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 2018:                     You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 2017:                     You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**2. Income other than from employment or operation of business (including income from Social Security, Pension, Child Support, Disability, Cashing out 401k or other pension, and/or Unemployment) If an amount is listed below, please specify source of income:**

2019 (Year to date):     You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 2018:                     You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_  
 2017:                     You \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**3. Payments to creditors:**

a. List all payments more than \$600 made to any “one” unsecured creditor within the last 90 days, including credit card payments. (For example, a payment of \$601 or three payments of \$200, \$200, and \$201).

\_\_\_\_\_NO

Who you paid: Name & Address	Dates of Payments	Amount Paid	Amount Still Owed
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

b. Have you repaid any family members or friends within the last year? If so, please list below:

\_\_\_\_\_NO

Who you paid: Name & Address	Dates of Payments	Amount Paid	Amount Still Owed
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____



**4. Lawsuits, executions, garnishments, and attachments:**

a. List all suits in which you are or were a party to within last year.

\_\_\_\_NO

Caption of Suit (i.e. Visa V. Jane Doe)	Court Case Number (Some don't have this)	Court County	Status (i.e. Judgment, pending)
1.			
2.			
3.			
4.			

b. Have you had any garnishments or levies from your wages or bank account within the past year? If so, please list below:

\_\_\_\_NO

Creditor/Attorney Name & Address	Date of Seizure/Garnishment	Amount Taken
1.		\$ _____
2.		\$ _____

**5. Repossessions, Foreclosures, and Returns:**

Have you had any items foreclosed, returned, repossessed, or transferred through a deed in lieu of foreclosure within last year? If so, please list below:

\_\_\_\_NO

Creditor Name & Address	Date of Repossession, Foreclosure, Transfer, or Return	Description and Value of Property

**6. Losses:**

List all losses from fire, theft, gambling or other casualty (insurance claims) typically from a car accident, storm damage or theft within last year.

\_\_\_\_NO

Describe Property	Value of Loss	Circumstances & Amount Covered by Insurance	Date(s) of Loss
	\$ _____		_____
	\$ _____		_____

**7. Other transfers, including sale of any property:**

a. List all property sold, transferred or given away anything within the past **2 years** to non-family members (i.e. Sold a car, home, boat, snowmobile, camper, traded in a car, land)

\_\_\_\_NO

Who did you sell it to?	Relationship to you	Date of Sale	Description and Value of Property

b. List all property sold, transferred or given away within the past **6 years** to family members or close friends.

\_\_\_\_NO

Who did you sell it to?	Relationship to you	Date of Sale	Description and Value of Property

**7. Closed financial accounts:**

List all financial accounts, including checking, savings, safe deposit boxes, IRA's and/or 401k accounts, held in your name or for your benefit that were closed, sold, or otherwise transferred within last year.

\_\_\_\_NO

Bank Name & Address	Account Type and Number	Closing Balance	Date of Closing

**8. Safe Deposit Boxes:**

List each safe deposit or other box or depository in which you have securities, cash, legal documents or other valuables within last year.

\_\_\_\_NO

Bank/Depository Name & Address	Name & Address of those with Access	Description of Contents

**9. Property held for another person:**

List all property that you are holding or control that is owned by another person. (ie Cars, boats, trailer)

\_\_\_\_NONE

Owner's Name & Address	Relationship to you	Property Description & Value	Property Location

**10. Prior addresses:**

List all address during the last **three years**. Do not include your current address.

\_\_\_\_\_NONE

Address	Name(s) Used	Dates of Residency	
		From _____	To _____
		From _____	To _____
		From _____	To _____
		From _____	To _____
		From _____	To _____

**11. Business:**

Do you own a business? \_\_\_\_ Yes \_\_\_\_ No

If you are or were self-employed within the last six years list the name, location, and nature of your business.

Business Name & Address	Tax ID Number or SS#	Nature of Business	Dates of Operation	
			From: _____	To: _____
			From: _____	To: _____
			From: _____	To: _____

**AFTER YOU HAVE COMPLETED THE WORKSHEET, PLEASE RETURN IT TO OUR OFFICE ALONG WITH THE REQUIRED DOCUMENTS AND DEPOSIT. YOU DO NOT NEED TO MAKE AN APPOINTMENT TO DROP OFF THE WORKSHEET.**