

Bankruptcy Check List
(Please Print Clearly and Accurately)

Debtor Name: _____
Other Names: _____
Address (NO - P.O. Box): _____
City, State, Zip Code: _____
County: _____
Social Security #: _____
Home Phone #: _____
Work Phone #: _____
Date of Birth: _____

Spouse Name: _____
Other Names: _____
Social Security #: _____
Work Phone #: _____
Date of Birth: _____

Have you/spouse ever filed for bankruptcy in the past 8 years?

Date: _____
Type of Bankruptcy: _____

Dependents:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Occupation (Need copy of most recent pay-stubs)

	<u>Debtor</u>	<u>Spouse</u>
Title:	_____	_____
How Long:	_____	_____
Employer:	_____	_____
Address:	_____	_____
City, State, Zip Code:	_____	_____

Do you/spouse receive alimony, child support, welfare, other?

How much (monthly): \$ _____
Type: _____

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Other person(s) in household contributing to monthly expenses?

Name: _____

How much (monthly): \$ _____

Monthly Expenses

Rent/Mortgage:	_____	\$
Property Insurance:	(May be included in mortgage)	\$
Property Taxes:	(May be included in mortgage)	\$
Electric & Heat:	_____	\$
Water & Sewer:	_____	\$
Telephone:	_____	\$
Cell Phone:	_____	\$
Cable TV:	_____	\$
Home Maintenance:	_____	\$
Food:	_____	\$
Clothing:	_____	\$
Laundry & Dry Cleaning:	_____	\$
Medical & Dental (co-pays, prescriptions):	_____	\$
Transportation (gas, cab, bus):	_____	\$
Car Payment:	_____	\$
Charitable Contributions:	_____	\$
Recreation, Clubs, Newspapers, Magazines, Entertainment:	_____	\$
Homeowner's or Renter's Insurance:	_____	\$
Life Insurance (Other - NOT deducted from pay):	_____	\$
Health Insurance (Other - NOT deducted from pay):	_____	\$
IRS Payments:	_____	\$
Auto Insurance:	_____	\$
Other Installments:	_____	\$
Alimony, Child Support:	_____	\$
Support for other Dependents not at Home:	_____	\$
Other Expenses:	_____	\$

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Property Information (Value)

Cash on Hand: \$ _____
Bank Accounts: \$ _____
Clothing: \$ _____
Furniture: \$ _____
Furs & Jewelry: \$ _____
IRA'S \$ _____
Pension/Profit Sharing \$ _____
Matured Insurance Policy \$ _____

Credit Union Loan Y/N

Automobile(s):	<u>Auto #1</u>	<u>Auto #2</u>
Year:	_____	_____
Make:	_____	_____
Model:	_____	_____
Mileage:	_____	_____
Financed/Owned:	_____	_____
Amount Owed: \$	_____	\$ _____
Account #:	_____	_____
Bank Name:	_____	_____
Address:	_____	_____
City, State, Zip Code:	_____	_____

Home:	<u>Home #1</u>	<u>Home #2</u>
Amount Owed: \$	_____	\$ _____
Value: \$	_____	\$ _____
Payoff Amount: \$	_____	\$ _____
Account #:	_____	_____
Bank Name:	_____	_____
Address:	_____	_____
City, State, Zip Code:	_____	_____

Are you current on home loans? Y/N
If not how much is arrearage?

ADDITIONAL INFORMATION: