



IN FORECLOSURE YES NO FORECLOSURE DATE: \_\_\_\_\_

**SECOND MORTGAGE:** (ON SAME PROPERTY LISTED ABOVE)

Name & Address of Mortgage Company \_\_\_\_\_  
City, State, & Zip \_\_\_\_\_  
Monthly Pymts \_\_\_\_\_ Due Date \_\_\_\_\_ Mortgage Bal. \_\_\_\_\_  
Amount Behind \_\_\_\_\_ Date re-financed \_\_\_\_\_ Loan # \_\_\_\_\_  
Co-Debtors (Name & Address) \_\_\_\_\_

**THIRD MORTGAGE:** (ON SAME PROPERTY LISTED ABOVE)

Date re-financed \_\_\_\_\_ Loan # \_\_\_\_\_  
Co-Debtors (Name & Address) \_\_\_\_\_

Do you have a Home Owners Association?: Yes No

Name & Address of Home Owners Association:

Company \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Yearly Dues \_\_\_\_\_ Amount Behind \_\_\_\_\_

**Do you own or have any interest in any other real property?** YES NO If so, please give address and mortgage information on back of this page.

Are any of the properties you presently own in foreclosure? YES NO If so, please give address and mortgage information on back of this page.

**AUTOMOBILE-TRUCKS-OTHER VEHICLES**

**IMPORTANT! PLEASE LIST ALL AUTOS ETC. EVEN IF PAID FOR**

**FIRST AUTO:** Year/Make/Model (be specific, e.g. LX, EX, 2 or 4 door, V6 or V8, leather or cloth)

Own Buying Leasing Mileage \_\_\_\_\_ Contract Interest Rate \_\_\_\_\_

Amount owed: \_\_\_\_\_ Amount Behind: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Monthly Payment \_\_\_\_\_

Name & Address of Creditor: \_\_\_\_\_

Loan No. \_\_\_\_\_

In whose Name(s) is vehicle titled? \_\_\_\_\_

Give Co-Debtor name, address & relationship: \_\_\_\_\_

**SECOND AUTO:** Year/Make/Model (be specific, e.g. LX, EX, 2 or 4 door, V6 or V8, leather or cloth)

Own Buying Leasing Mileage \_\_\_\_\_ Contract Interest Rate \_\_\_\_\_

Amount owed: \_\_\_\_\_ Amount Behind: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Monthly Payment \_\_\_\_\_

Name & Address of Creditor: \_\_\_\_\_

In whose Name(s) is vehicle titled? \_\_\_\_\_

Loan No. \_\_\_\_\_

Co-Debtor name, address & relationship \_\_\_\_\_

**THIRD AUTO:** Year/Make/Model (be specific, e.g. LX, EX, 2 or 4 door, V6 or V8, leather or cloth)

Own Buying Leasing Mileage \_\_\_\_\_ Loan No. \_\_\_\_\_

Contract Interest Rate \_\_\_\_\_

Amount Owed: \_\_\_\_\_ Amount Behind: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Monthly Payment \_\_\_\_\_

Name & Address of Creditor: \_\_\_\_\_

In whose name (s) is vehicle titled? \_\_\_\_\_

Co-Debtor name, address & relationship \_\_\_\_\_

**Do You have Any:** If yes. List value, thru what company and whose name is property entitled?

STOCKS \_\_\_\_\_

401K's \_\_\_\_\_

SAVINGS BONDS \_\_\_\_\_

PENSIONS \_\_\_\_\_

IRA's \_\_\_\_\_

INSURANCE POLICIES \_\_\_\_\_

Personal Injury or Workers Compensation Claim? Yes No

Has anyone died and left an asset to you or your spouse? Yes No

Are you suing anyone for anything or considering suing? Yes No

**CHECKING ACCOUNT(S)**

Do you have a Checking or Savings Account? Yes No

If yes, list Institution(s) & Balance:

Checking: \_\_\_\_\_

Savings: \_\_\_\_\_

Do you owe any Bank Fees or Returned Checks (NSF) to the institute listed above? Yes No If yes, list name & address of the institute you owe, if any? \_\_\_\_\_

Have you closed out any bank, credit union, brokerage or other financial account within the past 12 mos? Yes No If yes, list name & address of institute \_\_\_\_\_

Type of Account & Account Number \_\_\_\_\_

Date Closed & Balance \_\_\_\_\_

List your major property items such as stove, refrigerator, TV, computer, electronics, sewing machine, furniture, clothes, guns, books, collectible items, etc. giving approximate age, value (**what you could get for it if you sold it at a flea market or garage sale**) and whose property (*Husband, Wife or Joint*) NOT RETAIL VALUE OR NEW REPLACEMENT VALUE

example:

Item Household Furniture  
 Approximate Age 8 yrs.  
 Value \$1,200  
 H W (J)

Item \_\_\_\_\_  
 Approximate Age \_\_\_\_\_  
 Value \_\_\_\_\_  
 H W J

Item \_\_\_\_\_  
 Approximate Age \_\_\_\_\_  
 Value \_\_\_\_\_  
 H W J

Item \_\_\_\_\_  
 Approximate Age \_\_\_\_\_  
 Value \_\_\_\_\_  
 H W J

Item \_\_\_\_\_  
 Approximate Age \_\_\_\_\_  
 Value \_\_\_\_\_  
 H W J

Item \_\_\_\_\_  
 Approximate Age \_\_\_\_\_  
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 Approximate Age \_\_\_\_\_  
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 H W J

Item \_\_\_\_\_  
 Approximate Age \_\_\_\_\_  
 Value \_\_\_\_\_  
 H W J

Item \_\_\_\_\_  
 Approximate Age \_\_\_\_\_  
 Value \_\_\_\_\_  
 H W J

How much would someone pay for your jewelry at a flea market or yard sale? \_\_\_\_\_

Do you have any other asset worth more than \$300? If so, please list: \_\_\_\_\_

Are you purchasing any other items which could be repossessed if you do not pay for them? \_\_\_\_\_

Are you anticipating a tax refund at this time? If yes, approximate amount anticipated:

\$ \_\_\_\_\_ Federal Refund

\$ \_\_\_\_\_ State Refund

Do you owe any Federal Income Tax? Yes No If yes, which years & how much?

year \_\_\_\_\_ amount \_\_\_\_\_  
 year \_\_\_\_\_ amount \_\_\_\_\_

year \_\_\_\_\_ amount \_\_\_\_\_  
 year \_\_\_\_\_ amount \_\_\_\_\_

Do you owe any State Income tax? Yes No If yes, which years & how much?

year \_\_\_\_\_ amount \_\_\_\_\_ year \_\_\_\_\_ amount \_\_\_\_\_  
year \_\_\_\_\_ amount \_\_\_\_\_ year \_\_\_\_\_ amount \_\_\_\_\_

Do you owe any property taxes or any other taxes? Yes No If yes, give address of payment office?

Have you filed all your taxes for the last 3 years? Yes No If not what years? \_\_\_\_\_

**NON-DISCHARGEABLE-(Student Loans & Child Support)**

Do you owe any back child support? Yes No If yes, to whom, at what address, and how much is owing? \_\_\_\_\_

Do you have any Student Loans? Yes No Balance (1) \_\_\_\_\_ (2) \_\_\_\_\_

Name & Address of Student Loan (1) \_\_\_\_\_

Other Student Loans (2) \_\_\_\_\_

Are you presently paying back a 401k loan? Yes No If yes, how much money do you owe?  
\$ \_\_\_\_\_

Name & Address of Creditor? \_\_\_\_\_

What month & year will the Loan be paid in full? \_\_\_\_\_

**DO YOU RENT OR LEASE ANYTHING?** (e.g., furniture, car, musical instrument) Yes No

If yes, describe? \_\_\_\_\_ How much behind on payments, if any? \_\_\_\_\_

**Name & Address of Creditor:**

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

**HAVE YOU CO-SIGNED OR GUARANTEED ANY LOANS** If so, please list name of creditor, address and nature of loan? \_\_\_\_\_

\_\_\_\_\_

Do you own, lease, or have titled in your name, or responsible for paying for, any property that is being used by any other person? Yes No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**DEPENDENTS**

Son/Daughter Age \_\_\_\_\_ Son/Daughter Age \_\_\_\_\_ Son/Daughter Age \_\_\_\_\_

DO YOU HAVE ANY OTHER DEPENDENTS? YES NO If yes, please describe: \_\_\_\_\_

**FOR MARRIED DEBTORS, WHO ARE FILING INDIVIDUALLY YOU MUST INCLUDE SPOUSES INCOME AND EXPENSES**

**If self employed: Taxpayer I.D #:** \_\_\_\_\_

**INCOME: DEBTOR (1)**

Job Title \_\_\_\_\_ How long with employer? \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

How often are you paid? Weekly Bi-Weekly Twice-a-Month Monthly

What is your gross income per paycheck (before any deductions like taxes, insurance, etc). \$ \_\_\_\_\_

How much do you bring home per paycheck after taxes and other deductions? \$ \_\_\_\_\_

Are there any deductions that come directly out of your paycheck? 401k loan \_\_\_\_\_

401k contribution \_\_\_\_\_ Insurance \_\_\_\_\_ Child Support \_\_\_\_\_

Alimony \_\_\_\_\_ Other \_\_\_\_\_

Do you have a part-time job or any other source of income? YES NO If yes, explain \_\_\_\_\_

Does any member of your household receive alimony, child support, (court ordered or not) SSI, disability or any other type of support or income? Please explain: \_\_\_\_\_

If unemployed or at present job less than 3 years, please give name of previous employer? \_\_\_\_\_

**INCOME: DEBTOR (2)**

Job Title \_\_\_\_\_ How long with employer? \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

How often are you paid? Weekly Bi-Weekly Twice-a-Month Monthly

What is your usual gross income (before any deductions like taxes, insurance, etc). \$ \_\_\_\_\_

How much do you bring home per paycheck after taxes and other deductions? \$ \_\_\_\_\_

Are there any deductions that come directly out of your paycheck? 401k loan \_\_\_\_\_

401k contribution \_\_\_\_\_ Insurance \_\_\_\_\_ Child Support \_\_\_\_\_

Alimony \_\_\_\_\_ Other \_\_\_\_\_

Do you have a part-time job or any other source of income? YES NO If yes, explain \_\_\_\_\_

If unemployed or at present job less than a year, please give name of previous employer? \_\_\_\_\_

**MONTHLY HOUSEHOLD EXPENSES**

Rent or Mortgage \_\_\_\_\_  
 Homeowners Assoc \_\_\_\_\_

**Utilities:**

Electricity & Heat \_\_\_\_\_  
 Water & Sewer \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Internet \_\_\_\_\_  
 Cable/Satellite \_\_\_\_\_  
 Garbage Pickup \_\_\_\_\_  
 Other(describe) \_\_\_\_\_  
 Home Maintenance \_\_\_\_\_  
 Food & Groceries \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Laundry & Dry Cleaning \_\_\_\_\_  
 Medical & Dental \_\_\_\_\_  
 Transportation & vehicle expense (gas/repairs/  
 Maintenance etc.) \_\_\_\_\_  
 Charitable contributions \_\_\_\_\_

**Insurance:**

Property Insurance on home \_\_\_\_\_  
 Renter's Insurance \_\_\_\_\_  
 Car/Truck \_\_\_\_\_  
 Life / Disability \_\_\_\_\_ / \_\_\_\_\_  
 Health & Dental \_\_\_\_\_

**Taxes (not taxes deducted from wages)**

Real Estate taxes \_\_\_\_\_  
 Personal Property taxes \_\_\_\_\_  
 Estimated self-employment tax \_\_\_\_\_  
 Overdue Income tax \_\_\_\_\_  
 Overdue withholding/Sales tax \_\_\_\_\_

**Installment payments (purchase or lease):**

Motor vehicle \_\_\_\_\_  
 Motor vehicle \_\_\_\_\_  
 Motor vehicle \_\_\_\_\_  
 Furniture \_\_\_\_\_  
 Furniture \_\_\_\_\_  
 Jewelry \_\_\_\_\_  
 Other(describe) \_\_\_\_\_  
 Other(describe) \_\_\_\_\_  
 Alimony & Child support \_\_\_\_\_  
 Payments for dependants not at home \_\_\_\_\_  
 Business Expenses \_\_\_\_\_  
 (Describe in detail on separate sheet sheet \_\_\_\_\_  
 Student Loans \_\_\_\_\_  
 Regular Monthly expenses of **non-filing spouse**  
 Describe: \_\_\_\_\_  
 Describe: \_\_\_\_\_

Any Other Monthly expenses? Please describe: \_\_\_\_\_

If you have a roommate what is his/her name and how much do they contribute to monthly expenses?  
 \_\_\_\_\_

Are your taxes and insurance included in your mortgage payment? YES NO

Insurance (Home if not included) \_\_\_\_\_ (Life) \_\_\_\_\_ Property taxes if not included \_\_\_\_\_

Other Monthly expenses such as braces, medical, MARTA, etc. \_\_\_\_\_

**EARNINGS FOR DEBTOR (1) YTD** 2011 \_\_\_\_\_ 2010 \_\_\_\_\_ 2009 \_\_\_\_\_

(From Tax Returns-DO NOT GUESS)

Other Income: 2011 \_\_\_\_\_ 2010 \_\_\_\_\_ 2009 \_\_\_\_\_

(e.g., disability or roommate)

**EARNINGS FOR DEBTOR (2) YTD** 2011 \_\_\_\_\_ 2010 \_\_\_\_\_ 2009 \_\_\_\_\_

(From Tax Returns-Do NOT GUESS)

Other Income: 2011 \_\_\_\_\_ 2010 \_\_\_\_\_ 2009 \_\_\_\_\_

(e.g., disability or roommate)

ARE YOUR WAGES BEING GARNISHED? Y / N BY WHOM? \_\_\_\_\_

IS YOUR BANK ACCOUNT GARNISHED? Y / N BY WHOM? \_\_\_\_\_

DO YOU HAVE ANY LAWSUITS AGAINST YOU? EXPLAIN \_\_\_\_\_

DO YOU HAVE ANY JUDGMENTS AGAINST YOU? EXPLAIN \_\_\_\_\_

Please list all lawsuits, administrative proceedings or garnishments to which you were a party within the last year from today's date:

Debtor (1) \_\_\_\_\_

Debtor (2) \_\_\_\_\_

Please list all property that has been repossessed or foreclosed upon within the last year:

Property \_\_\_\_\_ Date of Repossession or foreclosure \_\_\_\_\_

Name & Address of Creditor: \_\_\_\_\_

Have you been in credit counseling within the past year? Yes No If yes, name & address of organization: \_\_\_\_\_

Date \_\_\_\_\_ Amount of payments \_\_\_\_\_

Have you transferred any property within the last year Yes No If yes, give Name of person property was transferred to: \_\_\_\_\_ Relationship \_\_\_\_\_

Date Transferred \_\_\_\_\_ Value of Property \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ If less than 2 years, give prior address(es) for the past 2 years, approximate dates of occupancy (e.g. from date to date) and name used?

Address, including Zip Code	Name used	Dates
_____	_____	_____
_____	_____	_____

### **STATEMENT OF FINANCIAL AFFAIRS**

- A. In the past 3 months have you made total payments of \$600.00 or more to any one creditor? Yes \_\_\_ No \_\_\_
- B. Has your property been managed by a custodian or court official within the last year? Yes \_\_\_ No \_\_\_
- C. Have you given more than \$200 to charity within the past 12 months? Yes \_\_\_ No \_\_\_
- D. Have you had losses from fire, theft, casualty or gambling within the past 12 months? Yes \_\_\_ No \_\_\_
- E. Have you transferred any property within the past 12 months? Yes \_\_\_ No \_\_\_
- F. Have you closed out any bank, credit union, brokerage or other financial account within the past 12 months? Yes \_\_\_ No \_\_\_
- G. Do you have a safe deposit box? Yes \_\_\_ No \_\_\_
- H. Has any financial institution taken money out your account to pay a debt owed them? Yes \_\_\_ No \_\_\_
- I. Do you have any property that belongs to someone else? (e.g. Dad's car) Yes \_\_\_ No \_\_\_
- J. Have you lived in Alaska, Arizona, California, Idaho; New Mexico, Puerto Rico, Texas, Washington, or Wisconsin within the past 6 years? Yes \_\_\_ No \_\_\_
- K. Have you been notified by the government that you may be liable for damage to the environment? Yes \_\_\_ No \_\_\_

***If you have answered "yes" to any of these questions, please list the letter(s) and explain below or on the back of this sheet. Ask for more paper if needed?***

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

**PLEASE LIST ALL DEBTS:**

**WE MUST HAVE CREDITORS COMPLETE ADDRESS, INCLUDING ZIP CODE BEFORE CASE CAN BE FILED** (if you have prepared a complete separate list, and have it with you, do not fill in information below. Please make sure to list all **medical bills, utilities etc.**

**Creditor:** \_\_\_\_\_ Balance due \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of debt(credit card, medical, personal loan, other) \_\_\_\_\_  
Account No.(s) \_\_\_\_\_ Date Incurred \_\_\_\_\_  
Co-debtor Name & Address \_\_\_\_\_

If by Collection Agency, name & address of agency \_\_\_\_\_  
\_\_\_\_\_

**Creditor:** \_\_\_\_\_ Balance due \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of debt(credit card, medical, personal loan, other) \_\_\_\_\_  
Account No.(s) \_\_\_\_\_ Date Incurred \_\_\_\_\_  
Co-debtor Name & Address \_\_\_\_\_

If by Collection Agency, name & address of agency \_\_\_\_\_  
\_\_\_\_\_

**Creditor:** \_\_\_\_\_ Balance due \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of debt(credit card, medical, personal loan, other) \_\_\_\_\_  
Account No.(s) \_\_\_\_\_ Date Incurred \_\_\_\_\_  
Co-debtor Name & Address \_\_\_\_\_

If by Collection Agency, name & address of agency \_\_\_\_\_  
\_\_\_\_\_

**Creditor:** \_\_\_\_\_ Balance due \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of debt(credit card, medical, personal loan, other) \_\_\_\_\_  
Account No.(s) \_\_\_\_\_ Date Incurred \_\_\_\_\_  
Co-debtor Name & Address \_\_\_\_\_

If by Collection Agency, name & address of agency \_\_\_\_\_  
\_\_\_\_\_

**Creditor:** \_\_\_\_\_ Balance due \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of debt(credit card, medical, personal loan, other) \_\_\_\_\_  
Account No.(s) \_\_\_\_\_ Date Incurred \_\_\_\_\_  
Co-debtor Name & Address \_\_\_\_\_

If by Collection Agency, name & address of agency \_\_\_\_\_  
\_\_\_\_\_

**Creditor:** \_\_\_\_\_ Balance due \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of debt(credit card, medical, personal loan, other) \_\_\_\_\_  
Account No.(s) \_\_\_\_\_ Date Incurred \_\_\_\_\_  
Co-debtor Name & Address \_\_\_\_\_

If by Collection Agency, name & address of agency \_\_\_\_\_  
\_\_\_\_\_

**Creditor:** \_\_\_\_\_ Balance due \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of debt(credit card, medical, personal loan, other) \_\_\_\_\_  
Account No.(s) \_\_\_\_\_ Date Incurred \_\_\_\_\_  
Co-debtor Name & Address \_\_\_\_\_

If by Collection Agency, name & address of agency \_\_\_\_\_  
\_\_\_\_\_

**IF YOU NEED MORE PAGES FOR CREDITOR INFORMATION, PLEASE LET US KNOW.**

HAVE YOU DISCLOSED ALL OF YOUR ASSETS? YES NO If not, what other assets do you have or own?

What is your payroll address? (Debtor 1) \_\_\_\_\_  
\_\_\_\_\_

How often are you paid? Weekly Bi-Weekly Twice a month Monthly

What is your payroll address? (Debtor 2) \_\_\_\_\_  
\_\_\_\_\_

How often are you paid? Weekly Bi-Weekly Twice a month Monthly

IS THERE ANY OTHER INFORMATION THAT WE SHOULD KNOW OR ANYTHING THAT YOU FEEL IS IMPORTANT? If so, please describe on a separate page.

**I have listed all my debts and assets and all of the information I have provided is true and correct.**

Date: \_\_\_\_\_ x \_\_\_\_\_

Date: \_\_\_\_\_ x \_\_\_\_\_