

BANKRUPTCY WORKSHEETS

NAME: _____

SPOUSE'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

CHAPTER 7 _____ CHAPTER 13 _____ PAID: _____

GENERAL INFORMATION

The information you are asked to provide is required to prepare a formal Bankruptcy Petition. All questions must be answered completely and correctly. Your worksheets must have accurate information. If you omit information or require changes and it is necessary to amend your bankruptcy petition, an additional charge will be made. It is important that you complete this form so that it is readable.

It is especially important that you provide all the information required for all creditors, i.e. the creditor's name, address, zip code, account number, and amounts due. Also include information if the account has been turned over to a collection agency or attorney.

Please remember that I am not an attorney and therefore cannot offer any legal advice. If you have any questions regarding your bankruptcy, please contact an attorney for legal advice. You can also go on the internet and google "DISTRICT OF ARIZONA BANKRUPTCY COURT" and that will take you directly to the Arizona Bankruptcy Court website. They have very good information for Debtors filing on their own and this information will probably answer many of your questions.

PRIORITY CREDITORS

- 1. Do you owe wages, salaries, commissions, vacation pay, severance and/or sick leave to any of your employees, not exceeding \$2,000.00 to each, earned within 90 days of today's date or cessation of your business? YES NO
- 2. Do you owe any contributions to your employees' benefit plans for services rendered within 180 days of today's date or the cessation of your business? YES NO
- 3. Do you owe any money to farmers? YES NO
- 4. Do you owe any money to fisherman? YES NO
- 5. Do you owe any individual money deposited for purchase, lease or rental of property or services for personal, family or household use, that were delivered or provided? YES NO
- 6. Have you filed federal and state income tax returns for the last 7 years: YES NO
IF YOU HAVE NOT FILED RETURNS, WHAT YEARS HAVE YOU NOT FILED AND HOW MUCH DO YOU OWE (APPROXIMATELY) FOR EACH YEAR?

IRS: Year _____ Owe: \$ _____ Year _____ Owe: \$ _____
Year _____ Owe: \$ _____ Year _____ Owe: \$ _____
Year _____ Owe: \$ _____ Year _____ Owe: \$ _____

STATE: (Specify): Year _____ Owe: \$ _____ Year _____ Owe: \$ _____
Year _____ Owe: \$ _____ Year _____ Owe: \$ _____
Year _____ Owe: \$ _____ Year _____ Owe: \$ _____

- 7. Have you received tax refunds this year? YES NO

IRS: \$ _____ Date received: _____
STATE: \$ _____ Date received: _____

- 8. Do you expect to receive a tax refund for the upcoming tax year? YES NO

STATE: \$ _____ IRS: \$ _____

PLEASE NOTE THAT YOU MUST BE CURRENT ON ALL OF YOUR STATE AND FEDERAL INCOME TAX RETURN FILINGS BY THE TIME OF YOUR 341a HEARING.

******* CREDITOR INFORMATION *******

Name of Creditor: _____
Street Address: _____
City/State: _____
Zip Code: _____
Account No: _____

Purpose of Debt:
 Cash loan
 Credit card
 Medical
 To Purchase: _____
 Home mortgage - Address: _____
 Auto loan - Vehicle: _____
 Other _____

Is this debt SECURED _____ or UNSECURED _____? Do you want to:
 Surrender the collateral
 Reaffirm the debt
 Redeem the collateral for: \$ _____
FAIR MARKET VALUE: \$ _____

Total Amount Owed: \$ _____

Have you been contacted by an attorney or collection agency for this debt?
 YES NO. If Yes, provide

Monthly payment: \$ _____
Number of payments behind: _____
Interest rate: _____ %
Date debt incurred: _____

Name of Agency or Attorney: _____
Street Address: _____
City, State, Zip: _____

Husband's separate debt _____
Wife's Separate debt: _____
Joint Debt: _____
Other Co-Debtor: _____
Name, Address, Relationship to You

PROPERTY AND EXEMPTIONS

You MUST LIST ALL PROPERTY that you own that is in your possession and/or under your control.. Do NOT list property held by you for another person. This question will be asked later in these worksheets.

EXEMPTIONS: Under the law, certain things you own are “exempt from process”, which means that no one can legally take this property from you (although there are some limited exceptions) If you are filing bankruptcy under Chapter 7, you are able to retain all EXEMPT PROPERTY that you own outright up to a certain value, and there is not a loan obligation against the property and the property is not listed as collateral on a security agreement with one of your creditors.

Any property that does not fall within the exemption limits is considered “NON-EXEMPT” and you may have to surrender it to your Trustee or redeem it for its market value, at your option.

1. **REAL PROPERTY (Real Estate):** (Equity EXEMPT up to a maximum of \$100,000.00)

Street Address: _____

City, County, State, Zip: _____

Do you reside there? _____ YES _____ NO

What is the market value of the property: \$ _____

What do you owe on the property: \$ _____ \$ _____

LEGAL DESCRIPTION: _____

2. **MOBILE HOME AND OWN THE LAND (Real Estate):** (Equity EXEMPT up to a maximum of \$100,000.00)

Street Address: _____

City, County, State, Zip: _____

Do you reside there? _____ YES _____ NO

What is the market value of the property: \$ _____

What do you owe on the property: \$ _____ \$ _____

DESCRIPTION: Year _____ Make _____

Size (e.g. 24x60) _____ ID NO> _____

3. **OTHER REAL ESTATE:** Do you own or have part interest in any other real estate anywhere?

_____ YES _____ NO. If YES, provide the following information:

Location: _____

Legal Description: _____

Market Value: \$ _____ Amount you owe: \$ _____

This property is NOT EXEMPT.

4. **CASH ON HAND.** If you have \$25.00 or less cash on hand, check “Nominal” _____. If none, check here: _____. If you have more than \$25.00 cash on hand, enter the amount here: \$ _____. Cash on hand is NOT EXEMPT.

5. **DEPOSITS OF MONEY IN BANKS, SAVINGS & LOANS, CREDIT UNIONS AND**

OTHER INSTITUTIONS. Please list here the amount of money that you have deposited in all of your accounts: \$ _____. The individual exemption is \$150.00 for one account. The dual exemption is \$300.00 for a joint filing (husband and wife) and for one or two accounts.

Name of Bank: _____
 Address: _____
 Account No: _____
 Type of Acct: _____
 Name on Acct: _____

6. **HOUSEHOLD GOODS, SUPPLIES & FURNISHINGS:** Enter the number of each item that you have listed below, and the fair market value (or garage sale value) of that item. The exemption for this property category is \$4,000.00 for an individual and \$8,000.00 for a dual exemption for husband and wife.

Description of Item	Number You Have	Value of Item	Description of Item	Number You Have of Item	Value
Kitchen Table	_____	\$ _____	Dresser	_____	\$ _____
Kitchen Chairs	_____	\$ _____	Clock Radio	_____	\$ _____
Dining Room Table	_____	\$ _____	Family Portraits	_____	\$ _____
Dining Room Chairs	_____	\$ _____	Television Set	_____	\$ _____
Living Room Chairs	_____	\$ _____	Refrigerator	_____	\$ _____
Living Room Sofa(s)	_____	\$ _____	Stereo	_____	\$ _____
Living Room End Tables	_____	\$ _____	Radio	_____	\$ _____
Living Rm. Coffee Table	_____	\$ _____	Washing Machine	_____	\$ _____
Living Room Rug	_____	\$ _____	Dryer	_____	\$ _____
Living Room Lamps	_____	\$ _____	Vacuum Cleaner	_____	\$ _____
Bedroom Lamps	_____	\$ _____	Stove (not built-in)	_____	\$ _____
Beds with Bedding	_____	\$ _____	Oil Paintings	_____	\$ _____

The following property is NON-EXEMPT:

Description of Item	Number You Have	Value of Item	Description of Item	Number You Have of Item	Value
Video Cassette Recorder	_____	\$ _____	Microwave Oven	_____	\$ _____
Telephones	_____	\$ _____	Satellite Dish Antenna	_____	\$ _____
Video Camera	_____	\$ _____	Freezer	_____	\$ _____
Answering Machine	_____	\$ _____	Vanity w. Stool	_____	\$ _____

7. **ITEMIZE BELOW ANY HOUSEHOLD GOODS, SUPPLIES AND FURNISHINGS NOT PREVIOUSLY LISTED:**

Description of Item	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. **BOOKS, PICTURES AND OTHER ART OBJECTS; STAMP, COIN AND OTHER COLLECTIONS:** Do NOT list paintings and pictures that you have previously listed under household furnishings. Books are EXEMPT to \$250.00 (individual) and \$500.00 (dual) Remaining items in this property category are NON-EXEMPT

Description of Item	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

9. **WEARING APPAREL, JEWELRY, FIREARMS, SPORTS EQUIPMENT & OTHER PERSONAL POSSESSION:**

Wearing Apparel: This is EXEMPT up to \$500.00 for Individual and \$1,000.00 for Dual (husband and wife). Please list the market value of your wardrobe: \$ _____.

Engagement & Wedding Rings: This is EXEMPT up to \$1,000.00 for Individual and \$2,000.00 for Dual (husband and wife). Please list the number of rings you have here: _____. Please list the TOTAL market value: \$ _____.

Watches: This is EXEMPT up to \$100.00 for Individual and \$200.00 for Dual (husband and wife). Please list the number of watches you have here: _____. Please list the TOTAL market value: \$ _____.

One of each item in the following group is EXEMPT to a maximum combined value of \$500.00 for Individual and \$1,000.00 for Dual (husband and wife). Any others and any amount above this limit are NON-EXEMPT. Note: Only one weapon is EXEMPT. Any additional weapons are NON-EXEMPT.

Description of Item	Number You Have	Market Value
Typewriter	_____	\$ _____
Bicycle	_____	\$ _____
Sewing Machine	_____	\$ _____
Family Bible	_____	\$ _____
Lot in burial ground	_____	\$ _____
Shotgun, rifle, pistol	_____	\$ _____

List below any other jewelry, firearms, sports equipment and other personal possessions, including still and movie cameras and other photo equipment. All the property listed below is NON-EXEMPT.

Description of Item	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

10. **AUTOMOBILES, TRUCKS, TRAILERS AND OTHER VEHICLES:** (Do not include

mobile homes). One (1) motor vehicle (including motorcycles) is EXEMPT to a maximum equity of \$5,000.00 for Individual and \$10,000.00 for Dual (husband and wife) and \$10,000.00 for Individual maimed or crippled. List ALL VEHICLES to which you and/or your spouse have title:

Model Year	Make	Model	Vehicle ID No.	Market Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

11. **BOATS, MOTORS AND THEIR ACCESSORIES:** All property in this category is NON-EXEMPT. Provide the complete description of property, including, MAKE, MODEL, SERIAL NUMBER, etc:

Description	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

12. **LIVESTOCK, POULTRY AND OTHER ANIMALS:** Include pets. This is EXEMPT up to \$500.00.

Description	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

13. **FARMING EQUIPMENT, SUPPLIES & IMPLEMENTS:** This is EXEMPT up to \$1,500.00.

Description	Number You Have	Market Value
_____	_____	\$ _____

14. **OFFICE EQUIPMENT, FURNISHINGS & SUPPLIES:** Property in this category is EXEMPT only if it is used in a business or profession, in which case the exemption must combine with that for business property listed in Paragraph 14 below. The COMBINED TOTAL EXEMPTION for “Tools and Equipment used in a commercial activity, trade or business” is limited to a maximum of \$2,500.00 market value.

Description	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

15. **MACHINERY, FIXTURES, EQUIPMENT AND SUPPLIES USED IN BUSINESS:** (Not previously listed)..TOTAL COMBINED EXEMPTION IN PARAGRAPHS 13 & 14 is \$2,500.00.

Description	Number You Have	Market Value
_____	_____	\$ _____

_____ \$ _____
 _____ \$ _____

16. **INVENTORY:** For Businesses Only. Property in this category is NON-EXEMPT.

Description:	Number You Have	Market Value
_____	_____	\$ _____
_____	_____	\$ _____

17. **MOBILE HOME IN RENTAL PARK OR ON OTHER NON-OWNED LAND:**
 You must reside in the mobile home to claim the exemption. EXEMPT up to an equity of \$100,000.00.

Year	Make	Size (e.g. 24'x60')	ID Number	Market Value
_____	_____	_____	_____	\$ _____

Address: _____
 Amount Owed: \$ _____ Creditor Name: _____

18. **ARMS, UNIFORMS & ACCESSORIES REQUIRED BY LAW OR EMPLOYMENT TO BE KEPT BY YOU:** This is 100% EXEMPT.

Description	Number You Have	Market Value
_____	_____	\$ _____

19. **PROSTHESES PRESCRIBED BY A DOCTOR OR OTHER PROFESSIONAL FOR YOU OR YOUR DEPENDENTS: (Including wheelchairs)** This is 100% EXEMPT

Description	Number You Have	Market Value
_____	_____	\$ _____

20. **FOOD, FUEL AND PROVISIONS (for 6 months):** This is 100% EXEMPT

Description	Number You Have	Market Value
_____	_____	\$ _____

21. **PATENTS, COPYRIGHTS, LEASES, FRANCHISES AND OTHER TANGIBLE ASSETS YOU OWN:** This is NON-EXEMPT.

Description	Number You Have	Market Value
_____	_____	\$ _____

22. **GOVERNMENT & CORPORATE BONDS AND OTHER NEGOTIABLE AND NON-NEGOTIABLE INSTRUMENTS:** This is NON-EXEMPT

Description	Number You Have	Market Value
_____	_____	\$ _____

23. **OTHER TANGIBLE PERSONAL PROPERTY YOU HAVE THAT HAS NOT BEEN**

LISTED ELSEWHERE:

Description	Number You Have	Market Value
_____	_____	\$ _____

23. **OTHER DEBTS OWING TO YOU:**

Name of Person Who Owes You Money	Address of Person Who Owes You Money	Amount Owed To You
_____	_____	\$ _____

8. **OTHER MONEY THAT MAY BE OWED TO YOU, SUCH AS POSSIBLE PROCEEDS OF A LAWSUIT:** Note: If you are expecting an insurance settlement for damage to or destruction of any of your EXEMPT property, that settlement amount will be 100% EXEMPT.

Description of Claim	Adverse Party Name and Address	Amount of Claim
_____	_____	\$ _____

9. **YOUR INTEREST IN INSURANCE POLICIES:** Name of insurance company, policy number and surrender or cash value of each policy.

Description	Market Value
_____	\$ _____

10. **ANNUITIES PAYABLE TO YOU:**

Description	Market Value
_____	\$ _____

11. **STOCK AND OTHER INTERESTS IN INCORPORATED/UNINCORPORATED COMPANIES:**

Description	Market Value
_____	\$ _____

12. **YOUR INTEREST IN ANY PARTNERSHIPS:**

Description	Market Value
_____	\$ _____

13. **EQUITABLE OR FUTURE INTEREST, LIFE ESTATES AND RIGHTS OR POWERS EXERCISABLE FOR YOUR BENEFIT, OTHER THAN THOSE LISTED PREVIOUSLY UNDER REAL PROPERTY:**

Description	Market Value
_____	\$ _____

14. **PROPERTY TRANSFERRED UNDER ASSIGNMENT FOR BENEFIT OF CREDITORS WITHIN 120 DAYS PRIOR TO YOUR COMPLETION OF THIS WORKSHEET:**

Description _____ **Market Value**
\$ _____

15. PROPERTY NOT OTHERWISE SCHEDULED:

Description _____ **Market Value**
\$ _____

16. EXECUTOR CONTRACTS OR LEASES:

Name and Address of Leaseholder	Monthly Payment	Lease Period and Type of Lease	Amount of Security Dep.
_____	\$ _____	_____	\$ _____

17. RETIREMENT PLAN: List any pension or retirement plans you own and whether it is qualified under Sections 401(a), 403(a), 403(b), 408 or 409 of the US Internal Revenue Code.

Is your contribution to the plan VOLUNTARY _____ or MANDATORY _____?

How much have YOU contributed to the plan within the last 120 days prior to the completion of these worksheets? \$ _____

What is the total amount in your plan: \$ _____

PERSONAL AND FINANCIAL INFORMATION

DEBTOR INFORMATION:

33.
First Name: _____
Middle Name: _____
Last Name: _____

All other names that you have used during the past 6 years, including trade names:

18. Social Security Number and/or Employer ID Number

Phone Number:

19. Residence Address:
Street Address:

City, State, Zip Code:

County: _____
How long resided there: _____

20. How long resided in AZ: _____

21. List previous residences during the past TWO YEARS:

From	To	Address	City	State	Zip
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

22. Marital Status: _____ Married living with spouse

DEBTOR SPOUSE INFORMATION:

First Name: _____
Middle Name: _____
Last Name: _____

All other names that you have used during the past 6 years, including trade names:

Social Security Number and/or Employer ID Number

Phone Number:

Residence Address:
Street Address

City, State, Zip Code:

County: _____
How long resided there: _____

How long resided in AZ: _____

Children: List Names and Ages

- ____ Married living apart
- ____ Legally separated
- ____ Divorce Pending
- ____ Divorce Final
- ____ Widow or Widower
- ____ Single never married
- ____ Other: Specify

39. Your Present Occupation

Employer Name:

Employer Address:

Employer Phone No:

Length of Employment:

Pay Periods:

- ____ Weekly
- ____ Every other week
- ____ Twice a month
- ____ Once a month
- ____ Other

Your Present Occupation

Employer Name:

Employer Address:

Employer Phone No:

Length of Employment:

Pay Periods:

- ____ Weekly
- ____ Every other week
- ____ Twice a month
- ____ Once a month
- ____ Other

40. Have you been engaged in any business or been in partnership with anyone during the past six years?

____ YES ____ NO

If YES, provide name of business, address, date opened, date closed, and names and addresses of any partners

Have you been engaged in any business or been in partnership with Anyone during the past six years?

____ YES ____ NO

If YES, provide name of business, address, date opened, date closed, and names and address of any partners:

41. List your GROSS ANNUAL INCOME from EMPLOYMENT only for the last

List your GROSS ANNUAL INCOME from EMPLOYMENT only for the last

three years (including this year)

three years (including this year)

20__ \$ _____
20__ \$ _____
20__ \$ _____

20__ \$ _____
20__ \$ _____
20__ \$ _____

42. List OTHER INCOME from other sources that you have received for the last three years including this year

List OTHER INCOME from other sources that you have received for the last three years including this year

20__ \$ _____
For: _____

20__ \$ _____
For: _____

20__ \$ _____
For: _____

20__ \$ _____
For: _____

20__ \$ _____
For: _____

20__ \$ _____
For: _____

43. PAYMENTS TO CREDITORS: List any payments to creditors that you have that WERE GREATER THAN REQUIRED in the installment or security agreement:

44. SERVED WITH LEGAL PAPERS: Have you been served with legal papers within the last 2 years? YES _____ NO _____. Have you been a party to a lawsuit within the past 1 year? YES _____ NO _____. If YES, answer the following:

Name of Court: _____

Plaintiff: _____

Defendant: _____

Case Number: _____

Type of Case: _____

Status of Case: _____

45. HAS ANY PROPERTY BEEN ATTACHED OR SEIZED OR HAVE YOUR WAGES OR BANK ACCOUNTS BEEN GARNISHED WITHIN THE LAST 1 YEAR: ____ YES ____ NO. If YES, provide name of creditor, description of property or name of employer or bank account garnished, and date:

47. REPOSSESSIONS AND RETURNS: Has any property been returned to (repossessed) a creditor during the past 2 years? YES _____ NO _____. If YES, provide the creditor's name, address, description of property, date of repo, and value of property:

48. **RECEIVERSHIPS, GENERAL ASSIGNMENTS AND OTHER MODES OF LIQUIDATION:** Is any of your property being held by a receiver, trustee or other liquidating agent? **YES**_____ **NO**_____. **If YES**, provide description of the property, name and address of liquidating agent, and court and case number, if any.

49. **Have you made any assignment for the benefit of creditors or given any property to your creditors within the past year?** **YES**_____ **NO**_____. **If YES**, provide the date assigned, name and address of creditor and summary of agreement:

50. **OTHER TRANSFERS:** Have you made any other transfers (including any pledge of your property to a creditor as security for a debt) within the past year? **YES**_____ **NO**_____. **If YES**, provide the description of property transferred, date of transfer, to whom transferred, relationship with recipient, what did you receive in exchange:

51. **BANK ACCOUNTS AND SAFE DEPOSIT BOXES:**

List all OPEN ACCOUNTS you have had within the last 2 YEARS:

Name of Institution: _____
Address, City, State, Zip _____
Account Number: _____
Type of Account: _____
Name(s) on Account: _____

Name of Institution: _____
Address, City, State, Zip _____
Account Number: _____
Type of Account: _____
Name(s) on Account: _____

Name of Institution: _____
Address, City, State, Zip _____
Account Number: _____
Type of Account: _____
Name(s) on Account: _____

List all CLOSED ACCOUNTS you have had within the last 2 YEARS:

Name of Institution: _____
Address, City, State, Zip _____
Account Number: _____
Type of Account: _____

Name(s) on Account: _____

Name of Institution: _____

Address, City, State, Zip _____

Account Number: _____

Type of Account: _____

Name(s) on Account: _____

Name of Institution: _____

Address, City, State, Zip _____

Account Number: _____

Type of Account: _____

Name(s) on Account: _____

52. List all SAFE DEPOSIT BOXES you have had within the last 2 YEARS:

Name of Institution: _____

Address, City, State, Zip _____

Account Number: _____

Type of Account: _____

Name(s) on Account: _____

Name of Institution: _____

Address, City, State, Zip _____

Account Number: _____

Type of Account: _____

Name(s) on Account: _____

53. **SET OFFS:** List all set offs made by any creditor, including a bank, against a debt or deposit of the debtors within 90 days preceding the commencement of this case. If none: _____

54. **PROPERTY HELD FOR ANOTHER:** Do you hold any property for another person? YES _____ NO _____. If YES, give description of property, value of property, name and address of owner.

55. **PRIOR BANKRUPTCY:** Have you ever had proceedings under the Bankruptcy Act? YES _____ NO _____. If YES, provide the following: Person who filed, date filed, court filed in, state filed in, case number, chapter type, result and date of discharge.

56. **LOANS REPAYED:** What payments on loans have you made during the past year?

_____ Regular monthly payments _____ sporadic _____ none

57. **BOOKS AND RECORDS:** List the records that you have keep during the past two years:

_____ Bills _____ Receipts _____ Canceled checks _____ Check Register

(A) Do you have possession of these records? YES _____ NO _____

(B) Have any of these records been lost or destroyed? YES _____ NO _____

58. **PROPERTY IN HANDS OF ANOTHER PERSON?** Is anyone holding anything of value that belongs to you? YES _____ NO _____. If YES, provide the description of property, name and address of person in possession of property, and reason property is being held.

59. **GIFTS:** Have you made any gifts (other than usual presents to family members and charitable organizations during the past year? YES _____ NO _____. If YES, provide name and address of recipient, date of gift, description of gift, value of gift:

60. **LOSSES:** Have you suffered ANY losses from fire, theft or gambling during the past twelve (12) months? YES _____ NO _____. If YES, provide date of loss, description of property loss, value of loss, explanation of loss:

61. **Was the loss covered in whole or in part by insurance?** YES _____ NO _____. If YES, provide the name of insurance company, amount received, date received and disposition of process:

62. **PAYMENTS OR TRANSFERS TO ATTORNEYS:** List all attorneys that you have consulted in the past 12 months: Name, address, date of consultation, amount paid:

MONTHLY INCOME OF DEBTOR
(Attach pay stubs or payments received for the last 6 months)

DEBTOR

SPOUSE

Gross Pay per pay period: \$ _____

Gross Pay per pay period: \$ _____

LESS:

LESS:

Payroll taxes, i.e. social security, federal, state, etc: \$ _____

Payroll taxes, i.e. social security, federal, state, etc: \$ _____

Medical insurance: \$ _____

Medical insurance: \$ _____

Retirement: \$ _____

Retirement: \$ _____

Loan on retirement: \$ _____

Loan on retirement: \$ _____

Union Dues: \$ _____

Union Dues: \$ _____

Credit Union: \$ _____

Credit Union: \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Take Home per pay period: \$ _____

Take Home per pay period: \$ _____

OTHER MONTHLY INCOME:

OTHER MONTHLY INCOME:

From operation of business: \$ _____

From operation of business: \$ _____

From social security: \$ _____

From social security: \$ _____

From pension/retirement: \$ _____

From pension/retirement: \$ _____

From disability insurance: \$ _____

From disability insurance: \$ _____

From unemployment comp: \$ _____

From unemployment comp: \$ _____

From second job: \$ _____

From second job: \$ _____

From rental/real property: \$ _____

From rental/real property: \$ _____

From investment income: \$ _____

From investment income: \$ _____

From spousal maintenance: \$ _____

From spousal maintenance: \$ _____

From child support: \$ _____

From child support: \$ _____

Other: \$ _____

Other: \$ _____

ESTIMATED AVERAGE MONTHLY EXPENSES

Totals for Debtor, Debtor's spouse, and dependents:

Home mortgage	\$ _____
Includes property taxes: YES _____ NO _____	
Includes fire insurance: YES _____ NO _____	
Second mortgage	\$ _____
Home maintenance	\$ _____
Rent	\$ _____
Association dues	\$ _____
Utilities:	
Electricity	\$ _____
Water	\$ _____
Telephone	\$ _____
Gas	\$ _____
Cable TV	\$ _____
Water softener	\$ _____
Cooler rent	\$ _____
Other	\$ _____
Food	\$ _____
Clothing	\$ _____
Dry Cleaning/Laundry	\$ _____
Newspapers, magazines and recreation expenses	\$ _____
Medical, dental and drug expense (not covered by insurance)	\$ _____
Insurance not deducted from wages:	
Auto insurance	\$ _____
Life insurance	\$ _____
Health insurance	\$ _____
Home owners or renters insurance	\$ _____
Other: _____	\$ _____
Transportation expense:	
Auto installment payment	\$ _____
Auto installment payment	\$ _____
Car maintenance	\$ _____
Gas and oil	\$ _____
Other: _____	\$ _____
Spousal maintenance (for: _____)	\$ _____
Child support (for: _____)	\$ _____
Other payments for support of dependents not at home	\$ _____
Union, professional or social dues	\$ _____
Taxes (personal, property or other)	\$ _____
Religious and other charitable contributions	\$ _____
Other installment payments on secured items	\$ _____
TOTAL	\$ _____

NET MONTHLY INCOME: \$ _____

Less: MONTHLY EXPENDITURES: \$ _____

SURPLUS MONTHLY INCOME: \$ _____