



**Part C. Prior/Pending Bankruptcy Cases**

Has a bankruptcy case been filed by you or against you in the last 8 years?  Yes  No

If yes, in which district of which state was the case filed? \_\_\_\_\_

Case Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

Are there currently any bankruptcy cases pending against you, your business, your spouse, or your spouse's business?  Yes  No

If yes, name of the debtor: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Case Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

In which district of which state was the case filed? \_\_\_\_\_

**Exhibit "C" to the Voluntary Petition**

Do you own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  No  Yes (*if yes, please attach a list and description of the property.*)

**Debtors Who Reside as Tenants of Residential Property**

If you rent your home, does a landlord hold a judgment against you?  No  Yes

If yes, please provide the name and address of the landlord:

Name: \_\_\_\_\_

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

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

**Section 2. PROPERTY**

**Part A. Real Estate (Schedule A)** On the next (3) pages, please List ALL real estate which you own or are a joint owner of, even if you still owe money on it. *If you have more than 2 mortgages to list for any one property, please use the back of this sheet for additional space.*

**PROPERTY #1**

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

...The above listed property is owned by, please circle one of the following: ↓

*Individually    Husband alone    Wife alone    Community Property    Jointly titled with another person(s)*

If you selected “jointly with another person(s)”, please specify **your** percentage of ownership \_\_\_\_\_%

MARKET VALUE OF PROPERTY \$ \_\_\_\_\_ TOTAL AMOUNT OWED \$ \_\_\_\_\_

***CREDITORS;***

**A.** Name of Creditor/Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Loan No./Account No.: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Current Payoff Balance: \$ \_\_\_\_\_ What is your monthly Payment: \$ \_\_\_\_\_

Does you monthly payment include escrow payments for Taxes and Insurance: YES NO

This Loan/Mortgage Holder is a, circle one: *1<sup>st</sup> Mortgage    2<sup>nd</sup> Mortgage    Equity Line of Credit*

Did anyone Co-Sign on this loan with you, other than your spouse: YES NO If so, please provide their name and address: \_\_\_\_\_

Are you current on this loan: YES NO If No, how many months are you past due? \_\_\_\_\_

Total Amount of monies Past Due? \_\_\_\_\_

Is a collection agency, other than the original creditor, currently trying to collect on the amount past due? Yes No If so, please provide their name, address and account number; \_\_\_\_\_

**\*\* Do you want to KEEP this property or SURRENDER this property? KEEP SURRENDER**

**B.** Name of Creditor/Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Loan No./Account No.: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Current Payoff Balance: \$ \_\_\_\_\_ What is your monthly Payment: \$ \_\_\_\_\_

Does you monthly payment include escrow payments for Taxes and Insurance: YES NO

This Loan/Mortgage Holder is a, circle one: *1<sup>st</sup> Mortgage    2<sup>nd</sup> Mortgage    Equity Line of Credit*

Did anyone Co-Sign on this loan with you, other than your spouse: YES NO If so, please provide their name and address: \_\_\_\_\_

Are you current on this loan: YES NO If No, how many months are you past due? \_\_\_\_\_

Total Amount of monies Past Due? \_\_\_\_\_ Is a collection agency, other than the original creditor, currently trying to collect on the amount past due? Yes No If so, please provide their name, address and account number; \_\_\_\_\_

**\*\* Do you want to KEEP this property or SURRENDER this property? KEEP SURRENDER**

**Part A. Real Estate (Schedule A)...continued**

**PROPERTY #2** ( If you only had the one property listed on the previous page, please proceed to PART B on page (6))

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

...The above listed property is owned by, please circle one of the following: ↓

*Individually    Husband alone    Wife alone    Community Property    Jointly titled with another person(s)*

If you selected "jointly with another person(s)", please specify **your** percentage of ownership \_\_\_\_\_%

MARKET VALUE OF PROPERTY \$ \_\_\_\_\_ TOTAL AMOUNT OWED \$ \_\_\_\_\_

**CREDITORS;**

**A.** Name of Creditor/Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Loan No./Account No.: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Current Payoff Balance: \$ \_\_\_\_\_ What is your monthly Payment: \$ \_\_\_\_\_

Does you monthly payment include escrow payments for Taxes and Insurance: YES NO

This Loan/Mortgage Holder is a, circle one: *1<sup>st</sup> Mortgage    2<sup>nd</sup> Mortgage    Equity Line of Credit*

Did anyone Co-Sign on this loan with you, other than your spouse: YES NO If so, please

provide their name and address: \_\_\_\_\_

Are you current on this loan: YES NO If No, how many months are you past due? \_\_\_\_\_

Total Amount of monies Past Due? \_\_\_\_\_

Is a collection agency, other than the original creditor, currently trying to collect on the amount past due? Yes No If so, please provide their name, address and account number;

\_\_\_\_\_

**\*\* Do you want to KEEP this property or SURRENDER this property? KEEP SURRENDER**

**B.** Name of Creditor/Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Loan No./Account No.: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Current Payoff Balance: \$ \_\_\_\_\_ What is your monthly Payment: \$ \_\_\_\_\_

Does you monthly payment include escrow payments for Taxes and Insurance: YES NO

This Loan/Mortgage Holder is a, circle one: *1<sup>st</sup> Mortgage    2<sup>nd</sup> Mortgage    Equity Line of Credit*

Did anyone Co-Sign on this loan with you, other than your spouse: YES NO If so, please

provide their name and address: \_\_\_\_\_

Are you current on this loan: YES NO If No, how many months are you past due? \_\_\_\_\_

Total Amount of monies Past Due? \_\_\_\_\_ Is a collection agency, other than the

original creditor, currently trying to collect on the amount past due? Yes No If so, please

provide their name, address and account number; \_\_\_\_\_

\_\_\_\_\_

**\*\* Do you want to KEEP this property or SURRENDER this property? KEEP SURRENDER**

**Part A. Real Estate (Schedule A)...continued**

**PROPERTY #3** ( If you only had the one property listed on the previous page, please proceed to PART B on page (6))

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

...The above listed property is owned by, please circle one of the following: ↓

*Individually      Husband alone      Wife alone      Community Property      Jointly titled with another person(s)*

If you selected “jointly with another person(s)”, please specify **your** percentage of ownership \_\_\_\_\_%

MARKET VALUE OF PROPERTY \$ \_\_\_\_\_ TOTAL AMOUNT OWED \$ \_\_\_\_\_

**CREDITORS;**

**A.** Name of Creditor/Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Loan No./Account No.: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Current Payoff Balance: \$ \_\_\_\_\_ What is your monthly Payment: \$ \_\_\_\_\_

Does you monthly payment include escrow payments for Taxes and Insurance: YES NO

This Loan/Mortgage Holder is a, circle one: *1<sup>st</sup> Mortgage    2<sup>nd</sup> Mortgage    Equity Line of Credit*

Did anyone Co-Sign on this loan with you, other than your spouse: YES NO If so, please provide their name and address: \_\_\_\_\_

Are you current on this loan: YES NO If No, how many months are you past due? \_\_\_\_\_

Total Amount of monies Past Due? \_\_\_\_\_

Is a collection agency, other than the original creditor, currently trying to collect on the amount past due? Yes No If so, please provide their name, address and account number; \_\_\_\_\_

**\*\* Do you want to KEEP this property or SURRENDER this property? KEEP SURRENDER**

**B.** Name of Creditor/Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Loan No./Account No.: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Current Payoff Balance: \$ \_\_\_\_\_ What is your monthly Payment: \$ \_\_\_\_\_

Does you monthly payment include escrow payments for Taxes and Insurance: YES NO

This Loan/Mortgage Holder is a, circle one: *1<sup>st</sup> Mortgage    2<sup>nd</sup> Mortgage    Equity Line of Credit*

Did anyone Co-Sign on this loan with you, other than your spouse: YES NO If so, please provide their name and address: \_\_\_\_\_

Are you current on this loan: YES NO If No, how many months are you past due? \_\_\_\_\_

Total Amount of monies Past Due? \_\_\_\_\_ Is a collection agency, other than the original creditor, currently trying to collect on the amount past due? Yes No If so, please provide their name, address and account number; \_\_\_\_\_

**\*\* Do you want to KEEP this property or SURRENDER this property? KEEP SURRENDER**

**Part B. Personal Property (Schedule B)**

For each type of property listed below, indicate whether you own any property of that category, and, if you do, fill in the remaining information. Remember that the value you assess to each piece of property should be its present value (not what you paid for it)

Type of Property	Yes / No	Description & Name of Account Holder Address & Account Numbers	Owned by Husband (H), Wife (W), Joint (J) or Community (C)	ACCOUNT BALANCE &/OR VALUE
1. Cash on Hand (not in a bank)				
2. (A) Checking & Savings Accounts Certificates of Deposit, and other Bank accounts				
2. (B) Checking & Savings Accounts Certificates of Deposit, and other Bank accounts				
2. (C) Checking & Savings Accounts Certificates of Deposit, and other Bank accounts				
2. (D) Checking & Savings Accounts Certificates of Deposit, and other Bank accounts				
3. Security Deposits held by utility co. or landlord				

<b>4. HOUSEHOLD PROPERTY</b> <b>Type of Property</b>	<b>Yes / No ?</b>	<b>Current “ Garage Sale “ Value</b>
a. Stove		
b. Microwave		
c. Refrigerator		
d. Deep Freezer		
e. Dishwasher		
f. Washer		
g. Dryer		
h. Living Room Furniture		
i. Bedroom Furniture		
j. Dining Room Furniture		
k. Den Furniture		
l. Tableware		
m. China / Silver		
n. Antiques		
o. Household Tools		
p. Televisions (#)		
q. VCR / DVD		
r. Stereo Equip		
s. Computer(s) (#)		
t. Piano		
u. Spa / Hot Tub		
v. Lawn Equipment		

Type of Property	Yes / No	Description & Location of Property	Owned by Husband (H), Wife (W), Joint (J) or Community (C)	VALUE
5. Books, Pictures, Art, Records, and Collectibles				
6. Clothing				
7. Furs and Jewelry Please indicate if Wedding Ring				
8. Sports Equipment Photo Equipment Firearms				
9. Cash Value in Insurance Policies				
10. Annuities				

Type of Property	Yes / No	Description & Location of Property	Owned by Husband (H), Wife (W), Joint (J) or Community (C)	VALUE
11. Interest in an Education IRA				
12. Interest in a Pension or profit Sharing plans				
13. Stock & interest in any business				
14. Bonds				
15. Accounts Receivable				
16. Alimony or Family Support which you are entitled				
17. Other undisputed Debts owed to you, including anticipated tax refunds				
18. Any equitable or Future interests in a life estate (usufruct)				

Type of Property	Yes / No	Description & Location of Property	Owned by Husband (H), Wife (W), Joint (J) or Community (C)	VALUE
19. Interest in the Estate of a Decedent, life Insurance or trust				
20. Other disputed or contingent claims including a tax refund				
21. Patents, Copyrights or Other intellectual Property rights				
22. Licenses and/or Franchise rights				
<b>23. Automobiles, Trucks, &amp; Trailers</b>		Year _____ Make _____ Model _____ Mileage _____		
2)		Year _____ Make _____ Model _____ Mileage _____		
3)		Year _____ Make _____ Model _____ Mileage _____		
24. Boats, motors				
25. Aircrafts				
26. Office equipment				
27. Inventory				

Type of Property	Yes / No	Description & Location of Property	Owned by Husband (H), Wife (W), Joint (J) or Community (C)	VALUE
28. Livestock Farm Animals				
29. Crops – growing Or harvested				
30. Farming Equipment				
31. Farm Supplies, Chemicals and And Feed				
32. Any other Personal property of any kind not listed above				

**Section 3. Debts**

**Car Loans** – List all car loans here; if you have more than (2) car notes, please use the back of this page to add additional creditor(s)/auto finance companies.

1. List Car that the following loan information refers to: \_\_\_\_\_

Name of Creditor/Finance Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Loan No./Account No.: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Current Payoff Balance: \$ \_\_\_\_\_ What is your monthly Payment: \$ \_\_\_\_\_

# months remaining on loan? \_\_\_\_\_ Who signed for this loan? SELF SPOUSE JOINTLY

Did anyone Co-Sign on this loan with you, other than your spouse: YES NO If so, please provide their name and address: \_\_\_\_\_

Are you current on this loan: YES NO If no, how many months are you past due? \_\_\_\_\_

Total Amount of monies Past Due? \_\_\_\_\_

Is a collection agency, other than the original creditor, currently trying to collect on the amount past due? Yes No If so, please provide their name, address and account number;

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

**\*\* Do you want to KEEP this property or SURRENDER this property? KEEP SURRENDER**

2. List Car that the following loan information refers to: \_\_\_\_\_

Name of Creditor/Finance Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Loan No./Account No.: \_\_\_\_\_ Date of Loan: \_\_\_\_\_

Current Payoff Balance: \$ \_\_\_\_\_ What is your monthly Payment: \$ \_\_\_\_\_

# months remaining on loan? \_\_\_\_\_ Who signed for this loan? SELF SPOUSE JOINTLY

Did anyone Co-Sign on this loan with you, other than your spouse: YES NO If so, please provide their name and address: \_\_\_\_\_

Are you current on this loan: YES NO If no, how many months are you past due? \_\_\_\_\_

Total Amount of monies Past Due? \_\_\_\_\_

Is a collection agency, other than the original creditor, currently trying to collect on the amount past due? Yes No If so, please provide their name, address and account number;

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

**\*\* Do you want to KEEP this property or SURRENDER this property? KEEP SURRENDER**

List below ALL the debts you owe, or that creditors claim you owe

Type Of Debt	1. Creditor Name & Address 2. Account Number, if any 3. Date when debt incurred 4. Contact person's name if Different from actual Creditor	Amount Owed	1. Name & Address of codebtor, if any 2. What is debt for? 3. Is this debt secured by any Property? (If so, please list Monthly payment and number of months left.)	Do you dispute the debt?
Other Bank Loans				
Personal Loans				
Student Loan Federal & Private	1.  2.  3.  4.  5.  6.			



Type Of Debt	1. Creditor Name & Address 2. Account Number, if any 3. Date when debt incurred 4. Contact person's name if Different from actual Creditor	Amount Owed	1. Name & Address of codebtor, if any 2. What is debt for? 3. Is this debt secured by any Property? (If so, please list Monthly payment and number of months left.)	Do you dispute the debt?
Unpaid Medical Bills	1.  2.  3.  4.  5.  6.			
Unpaid Rent				
Unpaid Taxes				
Unpaid Alimony or Child Support				
Unpaid Service Fees				
All and any other unpaid debts/bills				

**Section 4. Unexpired Leases and Contracts (Scheduled G)**

List below any leases or contracts that are still current that you are a party to such as residential, auto, and business leases, and service or business contracts such as cell phone contracts and health club memberships.

Name and Description of Contract	Name and Address of Other Party or Parties	Date that Contract Expires

### Section 5. Current Income

Marital Status:

Married  Single  Divorced  Separated  Divorced

List all dependents of you and your spouse, include their names, ages and relation to you:

1.	_____	_____	_____
	Name	Age	Relationship
2.	_____	_____	_____
	Name	Age	Relationship
3.	_____	_____	_____
	Name	Age	Relationship
4.	_____	_____	_____
	Name	Age	Relationship
5.	_____	_____	_____
	Name	Age	Relationship

#### Part A. Debtor's Income

What is your occupation? \_\_\_\_\_

What is the name and address of your employer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long have you been employed there? \_\_\_\_\_

What is the gross amount of your paycheck, before taxes & other deduction? \_\_\_\_\_

How often do you get paid?  weekly  every 2 weeks  twice a month  once a month

Other, please describe in detail \_\_\_\_\_

Do you get overtime pay outside of your salary? If so, how much monthly? \_\_\_\_\_

Do you receive;

a) income from business operations outside of your regular paycheck listed above? \_\_\_\_\_

If so, what is the business and how much do you receive per month? \_\_\_\_\_

b) income from real estate property? \_\_\_\_\_ If so, how much per month? \_\_\_\_\_

c) interest or dividends? \_\_\_\_\_ If so, how much per month? \_\_\_\_\_

d) alimony or family support payments for your use or for the care of your dependents? \_\_\_\_\_

If so, how much per month? \_\_\_\_\_

e) social security or other forms of monetary government assistance? \_\_\_\_\_ \$ \_\_\_\_\_

f) retirement or pension money? \_\_\_\_\_ If so, how much? \_\_\_\_\_

**Part A. Debtor's Income (continued)**

Do you have any other sources of income not listed? If so, please describe type and amount? \_\_\_\_\_

Are you or your spouse expecting any increase or decrease in salary in the next year? \_\_\_\_\_  
If so, explain -

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

**Part B. Joint Debtor's (Spouse) Income**

What is your occupation? \_\_\_\_\_

What is the name and address of your employer?

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

How long have you been employed there? \_\_\_\_\_

What is the gross amount of your paycheck, before taxes & other deduction? \_\_\_\_\_

How often do you get paid?  weekly  every 2 weeks  twice a month  once a month

Other, please describe in detail \_\_\_\_\_

Do you get overtime pay outside of your salary? If so, how much monthly? \_\_\_\_\_

Do you receive;

a) income from business operations outside of your regular paycheck listed above? \_\_\_\_\_

If so, what is the business and how much do you receive per month? \_\_\_\_\_

\_\_\_\_\_

b) income from real estate property? \_\_\_\_\_ If so, how much per month? \_\_\_\_\_

c) interest or dividends? \_\_\_\_\_ If so, how much per month? \_\_\_\_\_

d) alimony or family support payments for your use or for the care of your dependents? \_\_\_\_\_

If so, how much per month? \_\_\_\_\_

e) social security or other forms of monetary government assistance? \_\_\_\_\_ \$ \_\_\_\_\_

f) retirement or pension money? \_\_\_\_\_ If so, how much? \_\_\_\_\_

Do you have any other sources of income not listed? If so, please describe type and amount? \_\_\_\_\_

## Section 6. Current Expenses

Do you and your spouse maintain separate households?  No  Yes If yes, please be sure to copy this page and fill out one for each separate household.

The following questions ask for your expenses each month. Please think carefully about what you put down for these expenses, as many people underestimate what they pay in food, household maintenance and especially clothing (i.e. – although you may not purchase clothes every month, that one or two times a year you spend, say \$600, averages \$50/month)

### Indicate how much you pay for each item each month...

1. \$ \_\_\_\_\_ Rent Payment or Home Mortgage Payment  
Does that amount include real estate taxes?  Yes  No  
Does it include property insurance?  Yes  No
2. \$ \_\_\_\_\_ electricity and heating (gas)
3. \$ \_\_\_\_\_ telephone service/long distance (home phone)
4. \$ \_\_\_\_\_ cell phone service
5. \$ \_\_\_\_\_ cable/satellite tv service
6. \$ \_\_\_\_\_ water, sewage and garbage
7. \$ \_\_\_\_\_ Any other utility bills not listed above? Please describe:
8. \$ \_\_\_\_\_ home maintenance, repairs and upkeep
9. \$ \_\_\_\_\_ food
10. \$ \_\_\_\_\_ clothing and uniforms
11. \$ \_\_\_\_\_ laundry and dry cleaning
12. \$ \_\_\_\_\_ medical/dental (uninsured out-of-pocket expenses incl. prescriptions drugs)
13. \$ \_\_\_\_\_ transportation expenses, NOT including your car payment (gas, bus, etc)
14. \$ \_\_\_\_\_ entertainment, recreation, newspapers, magazines
15. \$ \_\_\_\_\_ charitable contributions (that you can prove via receipts)
16. \$ \_\_\_\_\_ insurance expenses (those that are NOT deducted from your paycheck)  
\_\_\_\_\_ homeowners or renter's insurance  
\_\_\_\_\_ life insurance  
\_\_\_\_\_ health insurance  
\_\_\_\_\_ auto insurance  
\_\_\_\_\_ other insurance (such as disability, etc)
17. \$ \_\_\_\_\_ taxes not deducted from your paycheck

**Monthly expenses continued...**

18.\$ \_\_\_\_\_ Installment payments for Car, Motorcycle, Furniture, etc (Specify)

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19.\$ \_\_\_\_\_ alimony, maintenance, support paid to others

20.\$ \_\_\_\_\_ payments for support of dependants NOT living at home

21.\$ \_\_\_\_\_ expenses for operation of business

**Additional Expenses (707(b) Expenses)**

22.\$ \_\_\_\_\_ mandatory payroll deductions not already listed, if so describe;

23.\$ \_\_\_\_\_ court ordered payments not already listed, if so describe;

24.\$ \_\_\_\_\_ education expenses necessary to maintain employment

25.\$ \_\_\_\_\_ education expenses for a physically or mentally challenged child

26.\$ \_\_\_\_\_ expenses for monthly daycare and after school care

27.\$ \_\_\_\_\_ health savings account contributions

28.\$ \_\_\_\_\_ expenses for care of elderly, chronically ill or disabled family members

29.\$ \_\_\_\_\_ expenses for protection from family violence

30.\$ \_\_\_\_\_ all education expenses for your children under 18 (tuition, books, fees, etc)

31.\$ \_\_\_\_\_ non-mandatory contributions to retirement accounts (including loan repayment)

32.\$ \_\_\_\_\_ Any other expenses not listed above, please list separately, describe and provide dollar amount;

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### Section 7. Statement of Financial Affairs

If you are filing jointly with your spouse, include information about both you and your spouse. If you are filing under Chapter 12 or Chapter 13, and you are married and not separated, you must provide information about your spouse even if you are not filing jointly.

If you have no information to report for a question, please check the "NONE" box.

#### 1. Income from employment or operation of business

Please state your GROSS INCOME from employment or operation of a business: If you have not received an income from employment during the **two years** immediately preceding this calendar year, check this box:  NONE

<u>Period</u>	<u>\$Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
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January 1 of this year through  
date of commencement of case

Last year (Jan 1 – Dec 31)

The year before last,  
(Jan 1 – Dec 31)

#### 2. Income other than from employment

State the amount of income received other than from employment or operation of a business the **two years** immediately preceding the commencement of this case:  NONE

<u>Period</u>	<u>\$Amount</u>	<u>Source</u>	<u>Husband/Wife</u>
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During the last year

Year before Last

#### 3. Payments to Creditors

If your debts are primarily consumer debts, list all payments on loans, installment purchases of goods or services, and other debts, which amounted to more than \$600 to any ONE creditor made within 90 days immediately preceding the commencement of this case. Indicate with an asterick (\*) any of those payments you list that were made on account of domestic support obligation, or that were made as part of an alternative repayment plan.  NONE

<u>Name &amp; Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
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If your debts are NOT primarily consumer debts, list each payment or other transfer, amounting to more than \$5,475 made to any ONE creditor within the 90 days immediately preceding the commencement of this case.  NONE

<u>Name &amp; Address of Creditor</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
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c. ALL DEBTORS. List all payments made within ONE YEAR immediately preceding this case to or for the benefit of creditors who are or were “insiders” (i.e. relatives, your business partner(s), your corporation or your affiliates.)  NONE

<u>Name &amp; Address of Creditor (&amp;relation to you)</u>	<u>Dates of Payments</u>	<u>Amount paid</u>	<u>Amount still owed</u>
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#### **4. Suits, executions, garnishments and attachments**

a. List all suits and administrative proceedings to which you are or were a party to within ONE YEAR preceding the filing of this case.  NONE

<u>Caption/Case # of Suit</u>	<u>Nature of Proceeding</u>	<u>Court and Location</u>	<u>Status/Outcome of Case</u>
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b. Describt all property that has been garnished, seized, or attached under any legal or equitable process within ONE YEAR immediately preceding the commencement of the case:  NONE

Name and Address of Person/Company

<u>For Whom the Property was Seized (Creditor)</u>	<u>Date of Seizure</u>	<u>Description and Value of Property</u>
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**5. Repossessions, foreclosures, and returns**

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu, or returned to the seller, within ONE YEAR immediately preceding the filing of this case.  NONE

Name and Address of Creditor      Date of Repossession, Foreclosure, etc      Description & Value of Property

**6. Assignments and Receiverships**

a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case.  NONE

Name & Address of Assignee      Date of the Assignment      Terms of Assignment/Settlement

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding this case.  NONE

Name & Address of Custodian      Name/Location of Court/Case #      Date of Order      Describe/Value of Property

**7. Gifts**

List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members totaling less than \$200 in value per individual family member and charitable contributions totaling less than \$100 per recipient.  NONE

Name & Address of Recipient      Relationship to You, if Any      Date of Gift      Description/Value of Gift

**8. Losses**

List all losses from fire, theft, gambling or other casualty within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE.  NONE

Description & Value of Property      Describe Circumstances & Amount Insurance covered      Date of Loss

**9. Payments related to debt counseling or bankruptcy**

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within ONE YEAR immediately preceding the commencement of the case.  NONE

Name & Address of Payee    Date of Payment    Person who paid, if not you    Amount of \$/Value of Property

**10. Other transfers (including sale of your property)**

a. List all other property, other than property transferred in your ordinary course of business or financial affairs, transferred either absolutely or as a security within TWO YEARS immediately preceding the commencement of this case.  NONE

Name and address of

Transferee and Relationship to you    Date of Transfer    Description of Property Transferred & value received

b. List all property you transferred within TEN YEARS immediately preceding the commencement of this case to a self-settled trust, or a similar device of which you are the beneficiary.  NONE

Name of Trust or Similar Device    Date of Transfer    Amount of \$ or Description & Value of Property

**11. Closed Financial Accounts**

List all financial accounts and instruments held in your name or for your benefit which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case.  NONE

Name & Address of Institution    Type & Account No. & Final Balance    Amount/Date of Sale/Closing



**16. Spouses and Former Spouses**

Please list the full name of all spouses for the last EIGHT YEARS.  NONE

**17. Environmental Information**

For the purposes of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes, or regulations regulating the cleanup of these substances, wastes, or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

a. List the name and address of every site for which you received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:  NONE

Site Name & Address                      Name & Address of Governmental Unit    Date of Notice    Environmental Law

b. List the name and address of every site for which you provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.  NONE

Site Name & Address    Name & Address of Governmental Unit    Date of Notice    Environmental Law

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.  NONE

Name and Address of Governmental Unit                      Docket Number                      Status or Disposition

**18. Nature, location and name of business**

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the SIX YEARS immediately preceding the commencement of this case.  NONE

<u>Name</u>	<u>Taxpayer ID Number</u>	<u>Address</u>	<u>Nature of Business</u>	<u>Beginning &amp; End Dates of Operation</u>
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b. Identify any business listed in response to subdivision a., above, that is “single asset real estate” as defined in 11 U.S.C. §101.  NONE

<u>Name</u>	<u>Address</u>
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*The following questions, #19-25, are only to be answered if you are a corporation or partnership or if you have been, in the six years immediately preceding this case, an officer, director, managing executive, or owner of more than 5% of the voting securities of the corporation; a partner, other than a limited partner, of a partnership; a sole proprietor, or otherwise self-employed*

**19. Books, Records, and Financial Statements**

a. List all bookkeepers and accountants who, within the TWO YEARS immediately preceding the filing of this bankruptcy case, kept or supervised the keeping of books of account and records.  NONE

Name and Address \_\_\_\_\_ Date Services Rendered \_\_\_\_\_

b. List all firms or individuals who, within the TWO YEARS immediately preceding the filing of this bankruptcy case, have audited the books of account and records, or prepared a financial statement of the debtor.  NONE

Name \_\_\_\_\_ Address \_\_\_\_\_ Date Services Rendered \_\_\_\_\_

c. List all firms or individuals who, at the time of the commencement of this case, were in possession of your books of account and records. If the records are not available, explain.  NONE

Name and Address \_\_\_\_\_ Comments \_\_\_\_\_

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within TWO YEARS immediately preceding the commencement of this case.  NONE

Name and Address \_\_\_\_\_ Date Issued \_\_\_\_\_



**23. Withdrawals from a partnership or distribution by a corporation**

If your business is a partnership or corporation, list all withdrawals or distributions, credited or given to an insider, including compensation in any form, bonuses, loans, stock redemption, options exercised ad any other perquisite during ONE YEAR immediately preceding the commencement of this case.  NONE

<u>Name and Address of Recipient and Relationship to You</u>	<u>Date and Purpose of Withdrawal</u>	<u>Amount of Money or Description and Value of Property</u>
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**24. Tax Consolidation Group**

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within the SIX YEAR PERIOD immediately preceding the commencement of the case.  NONE

<u>Name and Parent Corporation</u>	<u>Taxpayer Identification Number</u>
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**25. Pension Funds**

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within the SIX YEAR period immediately preceding the commencement of this case.  NONE

<u>Name of Pension Fund</u>	<u>Taxpayer Identification Number</u>
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