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Date:

PENDING FORECLOSURE, REPOSSESSION, GARNISHMENT (circle one if applicable)	Marital Status – S M D W (Circle one)
Full Legal Name (First, Middle Initial, Last)	Spouse's Full Legal Name (First, Middle Initial, Last)
Other Names Under Which Your Debts May Be Listed	Spouse, Other Names Under Which Your Debts May Be Listed
Street Address	Spouse's Address If Different
City, State, Zip County	City, State, Zip County
Home Phone Cell Phone	Spouse's Home Phone Spouse's Cell Phone
E-Mail Address Work Phone	Spouse's E-Mail Spouse's Work Phone
Date of Birth Social Security No.	Spouse's Date of Birth Spouse's Social Security No.
Drivers License #	Drivers License #
Dependents (first names and ages)	Dependents (first names and ages)
Nearest Relative Not Living With You (name, address and phone)	Spouse's Nearest Relative (name, address and phone)
Personal Reference-Someone who will always know how to reach you (name, address and phone)	Spouse's Personal Reference-Someone who will always know how to reach you (name, address and phone)

PLEASE COMPLETE ALL PAGES TO THE BEST OF YOUR ABILITY. ESTIMATES ARE FINE. WHEN COMPLETED, PLEASE HAND TO THE RECEPTIONIST.

Have you filed a bankruptcy in the past 8 years? Y N If yes: where? _____ Case # _____ Date filed _____ Chapter 7 13 Discharged Y N Dismissed Y N	Have you filed a bankruptcy in the past 8 years? Y N If yes: where? _____ Case # _____ Date filed _____ Chapter 7 13 Discharged Y N Dismissed Y N
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EMPLOYMENT AND INCOME

Occupation	Spouse's Occupation
Employer	Spouse's Employer
Employer's Address	Spouse's Employer's Address
City, State, Zip County	City, State, Zip County
Employer's Phone	Spouse's Employer's Phone
How often are you paid?	How often are you paid?
Gross wages per pay period Net wages per pay period	Gross wages per pay period Net wages per pay period
Date last check received:	Date last check received:
Date next check expected:	Date next check expected:
Other Sources of Income	Other Sources of Income
Anticipated Changes in Income in Near Future? If yes,explain:	Anticipated Changes in Income in Near Future? If yes,explain:

REAL PROPERTY

DO YOU OWN YOUR HOME OR OTHER REAL ESTATE? If no, skip this section:

	First Mortgage	Second Mortgage	Third Mortgage
Lender Name			
Balance of loan			
Are you current?			
Amount behind			
Monthly Payment			
Are taxes and insurance included?			

What do you think you could sell your property for? _____ Date of last appraisal _____

Who is on title to the property? _____ Date Purchased _____

Are there any judgment or tax liens on the property? If so, please describe: _____

If property taxes are not included in your mortgage, are they current? If not, what is owed? _____

If homeowners insurance is not included in your mortgage, is the property insured? _____

VEHICLES

	First Vehicle	Second Vehicle	Third Vehicle
Year, Make, Model			
Mileage			
Date Purchased			
Who is on title?			
Lender Name			
Balance of loan			
Are you current?			
Amount behind			
Monthly Payment			
Do you want to keep?			

IF YOU HAVE MORE THAN ONE REAL PROPERTY OR MORE THAN 3 VEHICLES, PLEASE ASK FOR SUPPLEMENTAL FORM.

CURRENT EXPENSES

Do you and your spouse maintain separate households? ___No ___Yes.
If yes, fill one page out for your household and another for your spouse's.

Indicate how much you pay for each item monthly...

1. Rent or mortgage payment.....\$ _____
Does that amount include real estate taxes? ___No ___Yes
Does that amount include property insurance? ___No ___Yes
2. Electricity and heating.....\$ _____
3. Water and sewage.....\$ _____
4. Telephone service.....\$ _____
5. Do you have any other utility bills? If so, list below:
_____ \$ _____
_____ \$ _____
_____ \$ _____
6. Home maintenance, including repair and upkeep.....\$ _____
7. Food.....\$ _____
8. Clothing.....\$ _____
9. Laundry and/or dry cleaning.....\$ _____
10. Medical and dental expenses.....\$ _____
11. Transportation, including gas and maintenance.....\$ _____
12. Entertainment, recreation, newspapers, magazines...\$ _____
13. Charitable contributions.....\$ _____
14. Insurance not deducted from paychecks
 - a) homeowner's or renter's insurance.....\$ _____
 - b) life insurance.....\$ _____
 - c) health insurance.....\$ _____
 - d) auto insurance.....\$ _____
 - e) other insurance _____ \$ _____
15. Taxes not deducted from paycheck (i.e. property)...\$ _____
16. Installment payments for car, furniture, etc.(specify)
_____ \$ _____
_____ \$ _____
17. Alimony/support not deducted from paycheck.....\$ _____
18. Other expenses not listed above
_____ \$ _____
_____ \$ _____

For each type of property listed below, indicate whether you own or have an interest in any property, if you do, fill in the description and market value. You can think of the market value as the resale value.

Property	Yes/No	Description	Market Value
Checking/savings accounts, other bank accounts (List name of bank or credit union)	Y N		
Security deposits held by landlord, utility companies	Y N		
Safe deposit box and contents	Y N		
Household goods, furniture, appliances	Y N		
Books, art objects, musical instruments, collectibles or antiques	Y N		
Wearing apparel	Y N		
Furs and jewelry	Y N		
Firearms and sports, photographic, hobby equipment	Y N		
Interest in insurance policies - specify cash or cancellation value	Y N		
Annuities	Y N		
IRA, 401(k), or other pension, profit sharing plans or retirement accounts	Y N		
If so, are you repaying any loans against your retirement accounts?	Y N		
Any stocks, bonds, CDs, mutual funds, or other investments	Y N		
Any back alimony or child support owed to you	Y N		
Any money owed to you that is collectible. Any tax refunds for this year or earlier tax years not yet received	Y N		
Any possibility you could receive an inheritance or be the beneficiary of a trust in the following year	Y N		
Any claims that you could or have asserted against anyone (personal injury, work comp, prop damage)	Y N		
If you are or have been involved in a business, any equipment, fixtures, machinery, supplies, inventory or accounts receivables	Y N		
Any tools of your trade	Y N		
Boats, motors, motorcycles, 3 or 4 wheelers, camp trailers, RV, aircraft and accessories	Y N		
Valuable or domestic animals	Y N		
Manufactured, mobile home or floating home	Y N		

How were you referred to our office? _____

Have you filed all tax returns which are due to be filed? Y N Do you owe state or federal taxes? Y N

Do you owe alimony or child support obligations? Y N If yes, are you currently in default? Y N

Do you owe student loan(s)? Y N If yes, are you currently in default? Y N

Do you have any debt(s) where a creditor is claiming fraud? Y N Do you have bad checks outstanding? Y N

Do you owe restitution obligations or fines? Y N Do you owe traffic fines? Y N

Do you have overpayments to welfare, food stamps, unemployment and/or social security? Y N

Have you opened an account, received a loan or charged more than \$500 on one credit card or account recently? Y N

Have you taken out pay day or cash advance loans in excess of \$750 within the past 3 months? Y N

Have you made payments to any one unsecured creditor totaling more than \$600 recently? Y N

Can you sue anyone for any reason? Y N, If yes, explain:

Have you sold or transferred any property within the last year? Y N

Other than birthday or Christmas gifts, have you given away anything of value within the last year? Y N

Do you owe any money to friends or relatives? Y N If yes, have you repaid any portion? Y N

Have any of your creditors filed a lawsuit against you in the last year? Y N

Have any of your creditors and/or anyone garnished your wages or bank accounts in the last 90 days? Y N

Have you had a car repossessed in the last year? Y N Do you have a pending repossession? Y N

Have you had a home foreclosed upon in the last year? Y N Do you have a pending foreclosure? Y N

Has anyone co-signed a debt for you? Y N Have you co-signed a debtor for anyone? Y N

Do you hold any property that belongs to someone else? Y N Does anyone else hold property for you? Y N

Have you had any losses from fire, theft gambling or other casualty in the last year? Y N

Have you owned or operated a business within the last six (6) years? Y N

Have you purchased a vehicle within the last six (6) months? Y N

Have you closed any bank account within the last six (6) months? Y N

Do you have auto payments to any creditor(s) from a bank account and/or directly from your pay checks,
any post-dated checks or pay day loans? Y N

Do you have a safety deposit box? Y N Do you own a computer? Y N

Have you owned or operated a business in the last 6 years? Y N If yes, describe: _____

PLEASE LIST BELOW ANY SPECIAL CONCERNS OR ISSUES YOU WOULD LIKE TO DISCUSS:

Date: _____

Signature: _____

Date: _____

Signature: _____