

If you have borrowed from family members or relatives, how much have you paid back in the last year? Give name and address of relatives and family members you paid back within the last year and amounts paid.

Name: _____ Address: _____ Amt paid \$ _____
Name: _____ Address: _____ Amt paid \$ _____

Have you ever filed bankruptcy before? Date filed, court and case number (list all)

INCOME FROM ALL SOURCES (ALL INCOME SHOULD BE AVERAGE):

Gross income \$ _____ Per _____ (Week/2weeks/month, etc)
Net take home income after deductions \$ _____ Per _____
Spouse Gross Income \$ _____ Per _____
Spouse Net take home income after deductions: \$ _____ Per _____

Other income in household (i.e. support, social security, pension, (part-time jobs, business, etc.)
\$ _____ Per _____
From what sources? _____

Does some else pay your living expenses?
How much per month? \$ _____

Year to date gross income from all sources (Jan 1 to present time) \$ _____
Gross income last calendar year \$ _____
Income prior year \$ _____

The law requires me to average your total income from all sources from the previous six months. I need to verify the household income so bring your pay records for at least the previous two months if available.

HOUSEHOLD LIVING EXPENSES on NEXT PAGE

MONTHLY HOUSEHOLD LIVING EXPENSES

Mortgage payment or rent	\$ _____
Lot rent or second mortgage	\$ _____
Are real estate taxes included?	_____
Is property insurance included?	_____
Utilities:	
Electricity and heating fuel	\$ _____
Water and sewer	\$ _____
Telephone	\$ _____
Cable	\$ _____
Internet	\$ _____
Trash pick up	\$ _____
Home maintenance (repairs and upkeep)	\$ _____
Food including restaurants, snacks, lunches, toiletries, etc.	\$ _____
Clothing	\$ _____
Laundry and dry cleaning	\$ _____
Medical and dental expenses not covered by insurance	\$ _____
Transportation: gas, oil, maintenance (not car payments)	\$ _____
Recreation, clubs, entertainment, newspapers and magazines	\$ _____
Charitable contributions (church tithing and giving)	\$ _____
Insurance (not deducted from wages or included in Mtg pmt)	\$ _____
Homeowner's or renters	\$ _____
Life, health	\$ _____
Auto	\$ _____
Property taxes if not included in mortgage payment	\$ _____
Car or truck payment	\$ _____
Car or truck payment	\$ _____
Alimony and child support paid to others	\$ _____
Payments for support of additional dependents not living at home	\$ _____
Daycare	\$ _____
Personal needs	\$ _____
Regular expenses from operation of business, profession, farm	\$ _____
Other expenses	\$ _____