

**PERSONAL INFORMATION**

Debtor's **Full** Name

Spouse's **Full** name

\_\_\_\_\_  
Last                      First                      Middle

\_\_\_\_\_  
Last                      First                      Middle

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Hours \_\_\_\_\_

Work Hours \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Other names used in the last 8 years  
(Include Business Names Also)

Other names used in the last 8 years  
(Include Business Names Also)

\_\_\_\_\_

\_\_\_\_\_

Social Security #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Street Address of Debtor

Street Address of Spouse

\_\_\_\_\_  
Street                      City                      State                      Zip

\_\_\_\_\_  
Street                      City                      State                      Zip

County of Residence: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Mailing address if different from street address

Mailing address if different from street address

\_\_\_\_\_  
City                      State                      Zip                      Street

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

Pending Bankruptcies

Pending Bankruptcies

\_\_\_\_\_  
Where Filed                      Case No.                      Date Filed

\_\_\_\_\_  
Where Filed                      Case No.                      Date Filed

Prior Bankruptcy Within Last 6 Years

Prior Bankruptcy Within Last 6 Years

\_\_\_\_\_  
Where Filed                      Case No.                      Date Filed

\_\_\_\_\_  
Where Filed                      Case No.                      Date Filed

**ASSETS**

List the following information regarding your assets. If you are in business as a sole proprietorship or partnership, list the assets of the business also. If a creditor has a lien on any item, indicate the name of the creditor. If you are renting/leasing an item, list it but indicate it is a rental and who the creditor is.

**Rented or Leased Property**

If you are Leasing vehicles or renting to own furniture, appliances, or musical instruments list below:

Name of Rental/Lease Company	Item(s) Rented/Leased	Amount per week/month

**Real Estate**

List **all** real estate you are purchasing or own, including real estate rented to others:

Address #1	Assessed/Appraised Value	Mortgage Co. Name and Balance

If there is a **second** mortgage on any property above, please indicate name and balance here:

#1 No. of Bedrooms _____	No. of Bathrooms _____	Sq. Footage of Home _____	Lot Size _____
#2 No. of Bedrooms _____	No. of Bathrooms _____	Sq. Footage of Home _____	Lot Size _____

#1 If owned jointly with spouse or someone else, please indicate name of other owner \_\_\_\_\_

#2 If owned jointly with spouse or someone else, please indicate name of other owner \_\_\_\_\_

If your real estate loan is guaranteed by the VA, FHA, FELA, or other, provide:

Address of Guarantor, including Street, City, State and Zip Code (Also include then on List of Creditors)

If you are **buying** real estate by agreement for deed, provide the following and **bring a copy of your contract**:

Address of real estate: \_\_\_\_\_  
No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_ Sq. Footage of Home \_\_\_\_\_ Lot Size \_\_\_\_\_

Name & Address of Seller	Name of Escrow Agent	Terms of payment	Balance Owed
--------------------------	----------------------	------------------	--------------

If you are **selling** real estate by agreement for deed, provide the following and **bring a copy of your contract**

Address of real estate: \_\_\_\_\_  
No. of Bedrooms \_\_\_\_\_ No. of Bathrooms \_\_\_\_\_ Sq. Footage of Home \_\_\_\_\_ Lot Size \_\_\_\_\_

Name & Address of Seller	Name of Escrow Agent	Terms of payment	Balance they owe you
--------------------------	----------------------	------------------	----------------------

Do **not** list your escrow agent as a creditor on your bankruptcy if you are buying by agreement for deed. List the person you are buying from, along with their address and balance due on the contract.

**Market value means what you could get for the item in a garage sale this weekend – not what you paid for it, not what it is worth to you, not what it would cost to replace it. It does not help you to write down an amount that is too high.**

All other Assets

<u>TYPE OF PROPERTY</u>	<u>DESCRIPTION (age, condition, etc.)</u>	<u>MARKET VALUE</u>
Cash on hand	How Much cash do you have on hand?	_____
Checking/Savings/Credit Union Shares/ Other Financial Accounts	_____	Balance on Hand
	_____	Balance on Hand
Security Deposits With Landlords/Other	_____	Amt. of Deposit
	_____	Amt. of Deposit
TV	_____	_____
VCR	_____	_____
Microwave	_____	_____
Stereo	_____	_____
Stove	_____	_____
Refrigerator	_____	_____
Washer	_____	_____
Dryer	_____	_____
Couch	_____	_____
Loveseat	_____	_____
Chair	_____	_____
Recliner	_____	_____
End Tables	_____	_____
Coffee Table	_____	_____
Lamps	_____	_____
Kitchen Table/Chairs	_____	_____
Dining Table/Chairs/Hutch	_____	_____

Bookcase	_____	_____
Sewing Machine	_____	_____
Waterbed	_____	_____
Full, Queen or King Bed	_____	_____
Twin Bed or Bunk Beds	_____	_____
Dressers	_____	_____
Night Stands	_____	_____
Piano/Organ	_____	_____
Vacuum Sweeper	_____	_____
Books, Pictures, Art Objects, Antiques, Music Tape & CD Collections, Coin or Stamp Collections	_____	_____
Clothing	_____	_____
Jewelry, Watches, etc	_____	_____
Wedding Rings	_____	_____
Video Camera, Computer Printer, Firearms, Fishing Equip., Exercise Equip., Misc. Sporting Equip., Camera	_____	_____
Cash Value in whole life Insurance (NOT face Value of policy)	_____	_____
	Name of Insurance Company & Name of Beneficiary	
Pension or Profit Sharing Plans, 401K, Individual Retirement Accounts or Annuities	_____	_____
Stock or interests in Corporations or partnerships	_____	_____
	Number of Shares/Name of Company	
Government or other bonds	_____	_____
Accounts Receivable	_____	_____
Divorce Property Settlements To which you are entitled	_____	_____

Tax Refunds owed to you by  
IRS or State of Illinois for last  
year or upcoming year

\_\_\_\_\_  
Indicate Federal/State & Tax year

\_\_\_\_\_  
Indicate Federal/State & Tax year

Life Estates in any real estate

\_\_\_\_\_  
Address of Real Estate

Interest in Estate of Decedent  
Or Trust

\_\_\_\_\_  
Name of Estate or Trust & Property

Workers' Compensation claims,  
Personal injury claims, Claims  
Of Every Nature

\_\_\_\_\_  
Name of Company or Person Responsible

\_\_\_\_\_  
Description of Claim or Injury and date of injury

Patents, Copyrights,  
Franchises or Licenses

Automobiles, Trucks, Campers,  
Motor Homes, Motorcycles,  
Semi Trucks, Snowmobiles,  
Boats, Motors & Trailers

\_\_\_\_\_  
Year/ Make/Model    Mileage    Owner    Lien holder

\_\_\_\_\_  
Year/ Make/Model    Mileage    Owner    Lien holder

\_\_\_\_\_  
Year/ Make/Model    Mileage    Owner    Lien holder

\_\_\_\_\_  
Year/ Make/Model    Mileage    Owner    Lien holder

Aircraft Owned by you or  
Jointly with anyone else

\_\_\_\_\_  
Year/ Make/Model    Mileage    Owner    Lien holder

\_\_\_\_\_  
Year/ Make/Model    Mileage    Owner    Lien holder

Office Equipment,  
Furnishings & Supplies

Machinery, Equipment &  
Supplies used in business

Business Inventory

Purebred Animals, Horses,  
Livestock, Harvested/  
Growing Crops

Farming Equipment, Supplies  
Or Feed

Hand Tools, Power Tools & Tools used in business	_____	_____
	_____	_____
Mobile Homes, Utility sheds, Swimming pools	_____	_____
	_____	_____
Lawn Mowers, Snow blowers, Rototillers, Weed eaters, Lawn/Garden Tools & Equipment	_____	_____
	_____	_____
Personal Property of any kind Not listed above	_____	_____
	_____	_____
	_____	_____
	_____	_____

**INTENTIONS REGARDING PROPERTY SUBJECT TO LIENS**

List Below the secured debts you intend to pay such as  
Loans secured by vehicles, real estate, furniture, jewelry, etc.

My payments are:

_____	_____	\$ _____	\$ _____	\$ _____
Name of Creditor	Description of Collateral	Monthly	Weekly	Other
_____	_____	\$ _____	\$ _____	\$ _____
Name of Creditor	Description of Collateral	Monthly	Weekly	Other
_____	_____	\$ _____	\$ _____	\$ _____
Name of Creditor	Description of Collateral	Monthly	Weekly	Other
_____	_____	\$ _____	\$ _____	\$ _____
Name of Creditor	Description of Collateral	Monthly	Weekly	Other

List below the **unsecured** debts you intend to pay, such as medical bills, credit cards, etc.

_____	_____	\$ _____	\$ _____	\$ _____
Name of Creditor	Type of Debt	Monthly	Weekly	Other
_____	_____	\$ _____	\$ _____	\$ _____
Name of Creditor	Type of Debt	Monthly	Weekly	Other
_____	_____	\$ _____	\$ _____	\$ _____
Name of Creditor	Type of Debt	Monthly	Weekly	Other
_____	_____	\$ _____	\$ _____	\$ _____
Name of Creditor	Type of Debt	Monthly	Weekly	Other

List all property you intend to surrender, such as real estate, vehicles, furniture, etc.

\_\_\_\_\_  
Name of Creditor Description of Property

\_\_\_\_\_  
Name of Creditor Description of Property

\_\_\_\_\_  
Name of Creditor Description of Property

\_\_\_\_\_  
Name of Creditor Description of Property

**DEPENDENTS**

\_\_\_\_\_  
Name Age Relationship

\_\_\_\_\_  
Name Age Relationship

\_\_\_\_\_  
Name Age Relationship

\_\_\_\_\_  
Name Age Relationship

**DEBTOR'S INCOME**

- Monthly You get paid once each month 12 checks per year
- Semi-Monthly You get paid twice each month, e.g. 1<sup>st</sup>&15<sup>th</sup> 24 checks per year
- Bi-Weekly You get paid every other week, e.g. every other Fri. 26 checks per year
- Weekly You get paid once a week 52 checks per year

**Income from your pay stubs**

Gross Income

Estimated Over Time

Federal Income Tax

State Income Tax

FICA/Medicare

**Other Monthly Income**

From your business

From Real Property

Interest & Dividends

Alimony, Child Support

Social Security,  
Government Assist.

Insurance	<input type="text"/>	Pension or retirement	<input type="text"/>
Union Dues	<input type="text"/>	_____	<input type="text"/>
Other, Specify	<input type="text"/>	Other, Specify	<input type="text"/>
Other, Specify	<input type="text"/>	Other, Specify	<input type="text"/>

**JOINT DEBTOR'S (OR SPOUSE'S) INCOME**

- Monthly      You get paid once each month      12 checks per year
- Semi-Monthly      You get paid twice each month, e.g. 1<sup>st</sup>&15<sup>th</sup>      24 checks per year
- Bi-Weekly      You get paid every other week, e.g. every other Fri.      26 checks per year
- Weekly      You get paid once a week      52 checks per year

**Income from your pay stubs**

Gross Income	<input type="text"/>
Estimated Over Time	<input type="text"/>
Federal Income Tax	<input type="text"/>
State Income Tax	<input type="text"/>
FICA/Medicare	<input type="text"/>
Insurance	<input type="text"/>
Union Dues	<input type="text"/>
Other, Specify	<input type="text"/>
Other, Specify	<input type="text"/>

**Other Monthly Income**

From your business	<input type="text"/>
From Real Property	<input type="text"/>
Interest & Dividends	<input type="text"/>
Alimony, Child Support	<input type="text"/>
Social Security, Government Assist.	<input type="text"/>
Pension or retirement	<input type="text"/>
Other, Specify	<input type="text"/>
Other, Specify	<input type="text"/>
Other, Specify	<input type="text"/>

**EXPENDITURES (Individuals Only)**

**Rent or Mortgage**  
 Insurance include.  
 Taxes include.

**Insurance**  
 Home Owners

**Utilities**

Electricity

Life

Water & Sewer

Health

Telephone

Auto

\_\_\_\_\_  
 Other, Specify

\_\_\_\_\_  
 Other, Specify

**Home maintenance**

**Taxes**

**Food**

**Installment pmts (not in Plan)**

Auto

Clothing

\_\_\_\_\_  
 Other, Specify

Laundry & Dry Cleaning

\_\_\_\_\_  
 Other, Specify

Medical & Dental  
 Expenses

Alimony, maintenance,  
 Support

Transportation

Payments for dependents

Recreation

Business Expense

Charitable contributions

**DEBTOR'S GROSS INCOME**  
**Employment or Self-employment:**

Year \_\_\_\_\_ \$ \_\_\_\_\_ from \_\_\_\_\_  
 Year \_\_\_\_\_ \$ \_\_\_\_\_ from \_\_\_\_\_  
 Year \_\_\_\_\_ \$ \_\_\_\_\_ from \_\_\_\_\_

**SPOUSE'S GROSS INCOME**  
**Employment or Self-employment:**

Year \_\_\_\_\_ \$ \_\_\_\_\_ from \_\_\_\_\_  
 Year \_\_\_\_\_ \$ \_\_\_\_\_ from \_\_\_\_\_  
 Year \_\_\_\_\_ \$ \_\_\_\_\_ from \_\_\_\_\_

**Debtor's Income from Unemployment, Social Security, Public Aid, Food Stamps, Worker's Comp., Child Support, Retirement, Other**

Year \_\_\_\_\_ \$ \_\_\_\_\_ from \_\_\_\_\_  
 Year \_\_\_\_\_ \$ \_\_\_\_\_ from \_\_\_\_\_  
 Year \_\_\_\_\_ \$ \_\_\_\_\_ from \_\_\_\_\_

**Spouse's Income from Unemployment, Social Security, Public Aid, Food Stamps, Worker's Comp., Child Support, Retirement, Other**

Year \_\_\_\_\_ \$ \_\_\_\_\_ from \_\_\_\_\_  
 Year \_\_\_\_\_ \$ \_\_\_\_\_ from \_\_\_\_\_  
 Year \_\_\_\_\_ \$ \_\_\_\_\_ from \_\_\_\_\_

**List all payments made to creditors greater than \$200 each per month within the past 90 days.**

Name & Address of Creditor	Dates & Amounts of Payments	Balance Owing
Name & Address of Creditor	Dates & Amounts of Payments	Balance Owing
Name & Address of Creditor	Dates & Amounts of Payments	Balance Owing
Name & Address of Creditor	Dates & Amounts of Payments	Balance Owing
Name & Address of Creditor	Dates & Amounts of Payments	Balance Owing

**List all payments made to relatives or friends for any reason for the past 12 months**

Name & Address of Relative/Friend	Dates & Amounts of Payments	Balance Owing
Name & Address of Relative/Friend	Dates & Amounts of Payments	Balance Owing
Name & Address of Relative/Friend	Dates & Amounts of Payments	Balance Owing
Name & Address of Relative/Friend	Dates & Amounts of Payments	Balance Owing
Name & Address of Relative/Friend	Dates & Amounts of Payments	Balance Owing

**List all court judgments taken against you in the past 10 years.**

Creditor's Name	Case No.	Court Location	Date of Judgment	Amount	Paid in Full?
Creditor's Name	Case No.	Court Location	Date of Judgment	Amount	Paid in Full?
Creditor's Name	Case No.	Court Location	Date of Judgment	Amount	Paid in Full?
Creditor's Name	Case No.	Court Location	Date of Judgment	Amount	Paid in Full?
Creditor's Name	Case No.	Court Location	Date of Judgment	Amount	Paid in Full?

**If you have a pending court date for any case, complete the following and bring a copy of the lawsuit:**

Caption of Case & Case No.	Court Date	County	Plaintiff's Attorney
----------------------------	------------	--------	----------------------

Caption of Case & Case No.	Court Date	County	Plaintiff's Attorney
----------------------------	------------	--------	----------------------

Caption of Case & Case No.	Court Date	County	Plaintiff's Attorney
----------------------------	------------	--------	----------------------

**If a wage garnishment or wage assignment is in effect or pending, bring a copy of the garnishment papers and provide the following information:**

Name & Address of Creditor	Amounts Garnished/Date	Plaintiff's Attorney
----------------------------	------------------------	----------------------

Name & Address of Creditor	Amounts Garnished/Date	Plaintiff's Attorney
----------------------------	------------------------	----------------------

Name & Address of Creditor	Amounts Garnished/Date	Plaintiff's Attorney
----------------------------	------------------------	----------------------

Name & Address of Creditor	Amounts Garnished/Date	Plaintiff's Attorney
----------------------------	------------------------	----------------------

**List all vehicles voluntarily surrendered or repossessed or real estate sold at foreclosure or transferred through a deed in lieu of foreclosure within the last 12 months:**

Name & Address of Creditor	Date Repossessed/Surrendered	Description/Value
----------------------------	------------------------------	-------------------

Name & Address of Creditor	Date Repossessed/Surrendered	Description/Value
----------------------------	------------------------------	-------------------

Name & Address of Creditor	Date Repossessed/Surrendered	Description/Value
----------------------------	------------------------------	-------------------

Name & Address of Creditor	Date Repossessed/Surrendered	Description/Value
----------------------------	------------------------------	-------------------

**List all gifts, charitable or church contributions greater than \$100 made within the past 12 months:**

Name & Address of Church/Organization	Relationship	Date of Gift	Value
---------------------------------------	--------------	--------------	-------

Name & Address of Church/Organization	Relationship	Date of Gift	Value
---------------------------------------	--------------	--------------	-------

Name & Address of Church/Organization	Relationship	Date of Gift	Value
---------------------------------------	--------------	--------------	-------

**List all losses you suffered from fires, thefts, auto accidents or gambling within the past 12 months:**

Description & Value of Property	Circumstances of Loss	Date of Loss
---------------------------------	-----------------------	--------------

Description & Value of Property	Circumstances of Loss	Date of Loss
---------------------------------	-----------------------	--------------