

# CLIENT PERSONAL INFORMATION SHEET

Please answer the following as accurately as possible:

Date \_\_\_\_\_ Where did you hear about us? \_\_\_\_\_

Full Name (first, middle, last): \_\_\_\_\_

Aliases/Other names you are or have been known by: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ County \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Choose One: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**Have you received your Pre-Bankruptcy Filing Credit Briefing?** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

Where do you work (name of employer)? \_\_\_\_\_

Employer Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

What is your Job Description (Title) \_\_\_\_\_ Length of employment \_\_\_\_\_

## SPOUSE INFORMATION:

Spouse's Full Name: \_\_\_\_\_ Aliases: \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Where does your Spouse work? \_\_\_\_\_

Spouse's work address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

What is your Spouse's Job Description? (Title) \_\_\_\_\_ Length of employment \_\_\_\_\_

Spouses Work Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Is this spouse filing with you? **Yes** \_\_\_ **No** \_\_\_ Spouse Email address: \_\_\_\_\_

## PRIOR CASE INFORMATION:

Have you filed bankruptcy in the past eight (8) years? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please list chapter ("13" or "7", for example) and year of filing: Chapter \_\_\_\_\_ Year \_\_\_\_\_

In what City and State was the case filed: \_\_\_\_\_

Additional Cases: \_\_\_\_\_

## FAMILY INFORMATION:

Do you have any children currently living at your home? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, list names and ages: \_\_\_\_\_

Do you financially support any children not living in your home? If so, how list how old, where they live & average monthly support: \_\_\_\_\_

Do you care for any elderly relative who does not live with you?: \_\_\_\_\_

## Automobiles/Boats/Motorcycles/RVs/ATVs/Other

List automobiles, motorcycles, ATV's, boats, RV's, etc. you are buying, leasing, co-signed or own outright:

1. Year/Make/Model: \_\_\_\_\_ Mth. Pmt. \$ \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

Mileage \_\_\_\_\_ {Office Use: FMV: \$ \_\_\_\_\_ Int: \_\_\_ % 910 \_\_\_\_\_}

2. Year/Make/Model: \_\_\_\_\_ Mth. Pmt. \$ \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

Mileage \_\_\_\_\_ {Office Use: FMV: \$ \_\_\_\_\_ Int: \_\_\_ % 910 \_\_\_\_\_}

3. Year/Make/Model: \_\_\_\_\_ Mth. Pmt. \$ \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

Mileage \_\_\_\_\_ {Office Use: FMV: \$ \_\_\_\_\_ Int: \_\_\_ % 910 \_\_\_\_\_}

4. Year/Make/Model: \_\_\_\_\_ Mth. Pmt. \$ \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

Mileage \_\_\_\_\_ {Office Use: FMV: \$ \_\_\_\_\_ Int: \_\_\_ % 910 \_\_\_\_\_}

5. Year/Make/Model: \_\_\_\_\_ Mth. Pmt. \$ \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

Mileage \_\_\_\_\_ {Office Use: FMV: \$ \_\_\_\_\_ Int: \_\_\_ % 910 \_\_\_\_\_}

6. Year/Make/Model: \_\_\_\_\_ Mth. Pmt. \$ \_\_\_\_\_ Payoff: \$ \_\_\_\_\_

Mileage \_\_\_\_\_ {Office Use: FMV: \$ \_\_\_\_\_ Int: \_\_\_ % 910 \_\_\_\_\_}

Do you drive or have in your possession a vehicle/boat/ATV/etc that belongs to someone else (describe):

Property: \_\_\_\_\_ Owner: \_\_\_\_\_

Property: \_\_\_\_\_ Owner: \_\_\_\_\_

## Home Mortgage:

Do you live in: **House** \_\_\_\_\_ **Manufactured Home** \_\_\_\_\_ **Apartment** \_\_\_\_\_ Do you: **Own** \_\_\_? **Rent** \_\_\_?

1<sup>st</sup> Mtg. Pmt. (Monthly) \$ \_\_\_\_\_ Payoff balance: \$ \_\_\_\_\_ Behind? **Yes** \_\_\_ **No** \_\_\_

{Office Use: Arr.\$ \_\_\_\_\_ FMV: \$ \_\_\_\_\_}

Real estate taxes in payment? **Yes** \_\_\_ **No** \_\_\_ Insurance in payment? **Yes** \_\_\_ **No** \_\_\_

2<sup>nd</sup> Mtg. Pmt. (Monthly) \$ \_\_\_\_\_ Payoff balance: \$ \_\_\_\_\_ Behind? **Yes** \_\_\_ **No** \_\_\_

{Office Use: Arr.\$ \_\_\_\_\_ FMV: \$ \_\_\_\_\_}

How long have you lived in your current home? \_\_\_\_\_

First mortgage company: \_\_\_\_\_ Second Mortgage: \_\_\_\_\_

**Please list below any real property or time shares you own other than the home you live in:**

(Street Name and Number): \_\_\_\_\_

(City, State, Zip): \_\_\_\_\_

## Lease Agreements/Rent to Own

Other than home/apartment, do you have any leases (Furniture and all other)? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Describe: \_\_\_\_\_ Leased From: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Number of Months remaining on Lease: \_\_\_\_\_

## Legal Proceedings

Have you been sued within the last year? **Yes** \_\_\_ **No** \_\_\_ Judgment(s) entered? **Yes** \_\_\_ **No** \_\_\_

If yes, who sued you? \_\_\_\_\_

Docket #: \_\_\_\_\_ County/City/State: \_\_\_\_\_ Judgment Amount: \$ \_\_\_\_\_

Docket #: \_\_\_\_\_ County/City/State: \_\_\_\_\_ Judgment Amount: \$ \_\_\_\_\_

Are your wages currently being garnished? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Who is garnishing your wages and how much has been withheld: \_\_\_\_\_

Are you suing anyone (or could you) and do you have a claim against anyone? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Who and what Reason: \_\_\_\_\_

Any other suit or claim: \_\_\_\_\_

Have you been injured in an accident in which someone else was at fault in the past four years (Explain):

\_\_\_\_\_

\_\_\_\_\_

## Estimate what you owe if you are behind on any of the following:

1. Student Loans: 1)\$ \_\_\_\_\_ 2)\$ \_\_\_\_\_ 3) \$ \_\_\_\_\_

To whom do you make your student loan payments?: \_\_\_\_\_ Mo. Pymt: \$ \_\_\_\_\_

2. Taxes (IRS): \$ \_\_\_\_\_ Over three years old? **Yes** \_\_\_ **No** \_\_\_

3. Other Taxes: (State) \$ \_\_\_\_\_ (County) \$ \_\_\_\_\_ (Sales/Other) \$ \_\_\_\_\_

4. Please list years in which you did not file tax returns, if any: \_\_\_\_\_

5. **Alimony**: Do you receive or pay? Monthly received \$ \_\_\_\_\_ OR Monthly Paid \$ \_\_\_\_\_

6. **Child Support** (Monthly for Child #1): \$ \_\_\_\_\_ (Total Amt. Behind for Child #1) \$ \_\_\_\_\_

(Monthly for Child #2): \$ \_\_\_\_\_ (Total Amt. Behind for Child #2) \$ \_\_\_\_\_

(Monthly for Child #3): \$ \_\_\_\_\_ (Total Amt. Behind for Child #3) \$ \_\_\_\_\_

7. **If you pay child support/alimony**, list the name, address & phone number of the person that you pay:

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

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

\_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

## Yearly Income and Tax Filing

Your income for **2022**: \$ \_\_\_\_\_ Spouse's income for **2022**: \$ \_\_\_\_\_

Your income for **2021**: \$ \_\_\_\_\_ Spouse's income for **2021**: \$ \_\_\_\_\_

Your income for **2020**: \$ \_\_\_\_\_ Spouse's income for **2020**: \$ \_\_\_\_\_

**Have you filed Federal Income Tax Returns for:** (Write Yes or No) If No, why not?: \_\_\_\_\_

2017 \_\_\_\_\_ 2018 \_\_\_\_\_ 2019 \_\_\_\_\_ 2020 \_\_\_\_\_ 2021 \_\_\_\_\_ Avg. Refund Amount: \$ \_\_\_\_\_

## Retirement/Investments/Bank Accounts

1. Do you have a retirement plan (401k, IRA, 403b, etc.)? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
Does your spouse have a retirement plan (401k, IRA, 403b, etc.)? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
Type of Plan (401k, IRA, 403b, etc): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
Current balance of each plan: 1)\$ \_\_\_\_\_ 2)\$ \_\_\_\_\_ 3)\$ \_\_\_\_\_  
Who manages the plan? 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_
2. Do you own any stocks (either publicly traded or closely held) or bonds?: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
3. Do you own or operate a company or a business?: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If yes, describe: \_\_\_\_\_
4. Bank/Credit Union Accounts – If you have any of the following, please fill out:  
**Checking:** Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
**Savings:** Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
**CD:** Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
**Other:** Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_
5. Do you owe ANY debt such as credit card, personal loan or other to ANY bank or credit union listed above:  
**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, to whom: \_\_\_\_\_

## Property Transfers

1. Have you transferred or sold any Real Property (land) in the last three years? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If yes, describe the property/address: \_\_\_\_\_  
Name of person sold/given to and date: \_\_\_\_\_  
Amount Received? \_\_\_\_\_ Was the person a relative? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_
2. Have you transferred or sold any Personal Property (including: Automobile, Boat, Tractor, ATV, RV, Motorcycle, Mobile Home, etc. in the last 12 months? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If yes, describe the property/address: \_\_\_\_\_  
Name of person sold/given to and date: \_\_\_\_\_  
Amount Received? \_\_\_\_\_ Was the person a relative? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
Other Info/explanation/transfers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Have you paid any creditor more than \$6,425.00 in total in the last 90 days? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If yes, when, how much and to whom: \_\_\_\_\_  
\_\_\_\_\_

## Income Information

Answer the following as accurately and completely as possible. Estimate if you aren't sure

1. How often are you paid? *Check One*

Monthly     Twice a Month (i.e. 1<sup>st</sup> & 15<sup>th</sup>)     Every Two Weeks (i.e. every other Friday)     Weekly

How often is your spouse paid? *Check One*

Monthly     Twice a Month (i.e. 1<sup>st</sup> & 15<sup>th</sup>)     Every Two Weeks (i.e. every other Friday)     Weekly

2. What is your estimated gross (Pre-tax) pay per pay period? \_\_\_\_\_ Spouse \_\_\_\_\_

3. Other Income:	A) Food Stamps	<input type="text"/>	<input type="text"/>	
	B) Social Security Income	<input type="text"/>	<input type="text"/>	
	C) Social Security Disability	<input type="text"/>	<input type="text"/>	
	D) Child Support	<input type="text"/>	<input type="text"/>	
	E) Alimony	<input type="text"/>	<input type="text"/>	
	F) Part Time/Odd Jobs	<input type="text"/>	<input type="text"/>	
	G) Retirement/Pension	<input type="text"/>	<input type="text"/>	
	H) Disability	<input type="text"/>	<input type="text"/>	
	I) Unemployment	<input type="text"/>	<input type="text"/>	
	J) Other (_____)	<input type="text"/>	<input type="text"/>	
	<b>Total Monthly Income</b>	<b>_____</b>	<b>_____</b>	

4. Do you receive money each month that belongs to someone else, such as Social Security Benefits for dependents? If so, explain: \_\_\_\_\_

5. Do you have any part time jobs, businesses or other sources of income? Include companies you own, contract employment such as Uber, “cash” jobs, flea markets, etc. Please describe and tell us how much you earn and if it is seasonal or regular: \_\_\_\_\_

6. **Are you entitled to receive a tax refund in 2022 (for 2021 tax return)?**    **Yes**     **No**     If yes, list **amount** and **when you received/will receive it**: \_\_\_\_\_

7. Has there been any significant change in your income in the last six months or do you think there will be any change in the following six months? If so, explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

8. The Trustee will require us to itemize your income from the past six months. In the blanks below, list the total gross income you received last month and the five months prior.

_____	_____	_____	_____	_____	_____
Last Month	1 Month Ago	2 Months Ago	3 Months Ago	4 Months Ago	5 Months Ago

# Expenses

## Estimated Monthly Living Expenses:

Rent or Home Mortgage Payment..... \_\_\_\_\_

Are Property Insurance and Real Estate Taxes included? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Home Maintenance (Average repairs and other)..... \_\_\_\_\_

Additional Mortgage or rent payment..... \_\_\_\_\_

Utilities: Electricity..... \_\_\_\_\_ Cable/Satellite..... \_\_\_\_\_

Gas or Propane..... \_\_\_\_\_ Internet..... \_\_\_\_\_

Water & Sewer..... \_\_\_\_\_ Cell Phone.... \_\_\_\_\_

Food & Housekeeping..... \_\_\_\_\_

Child Care & School/Education Expenses..... \_\_\_\_\_

Clothing Allowance plus Laundry & Dry Cleaning..... \_\_\_\_\_

Personal Care (Haircuts, perfume-cologne, toiletries, et al).... \_\_\_\_\_

Medical & Dental Expenses (Include visits and RX)..... \_\_\_\_\_

Transportation (Gas, Maintenance & operating costs)..... \_\_\_\_\_

Entertainment (Going out, activities, memberships, other)..... \_\_\_\_\_

Netflix/Hulu: \_\_\_\_\_ Streaming: \_\_\_\_\_ Gym: \_\_\_\_\_ Clubs: \_\_\_\_\_

Charitable Contributions (Church Tithes, etc.):..... \_\_\_\_\_

Name & Address of Charity/Church: \_\_\_\_\_

Insurance: **(Do not list insurance that is payroll deducted? We will take that from your paystubs)**

Life Insurance..... \_\_\_\_\_

Health Insurance..... \_\_\_\_\_

Automobile Insurance..... \_\_\_\_\_

Homeowner's or Renter's Insurance..... \_\_\_\_\_

Other Insurance(\_\_\_\_\_)..... \_\_\_\_\_

Child Support, Alimony, Maintenance (**That you pay, not receive**):... \_\_\_\_\_

Other Support For Dependents Not Living In Your Home:..... \_\_\_\_\_

Lease Payments (Furniture, Storage Unit, Tires, etc.)..... \_\_\_\_\_

Other Payments (Other ongoing, regular payments)..... \_\_\_\_\_

Care for Elderly/Family members (whether living with you or not): \_\_\_\_\_

School or Work Expenses for yourself or spouse:..... \_\_\_\_\_

Other:..... \_\_\_\_\_

If you have any expenses not covered above, please list below and describe briefly:

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## Other/Additional Space

If you have any other information that you have not listed on Pages 1-5 that you think we may need to be aware of or for which there was not sufficient room to write out, please list that information in the space below.

If there are specific concerns you have that you would like to address with us, you may write those below as well:

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