

Your appointment has been scheduled for Tuesday, May 15, 2012 at 10:00 a.m.

REQUIRED INFORMATION FOR YOUR APPOINTMENT

Please bring the following for your appointment. Please check applicable boxes below indicating what items you were able to bring with you:

- ☐ **Proof of income from all sources.** Please bring proof of income for the previous 6 months (i.e. pay stubs for both spouses, child support or other type of support, social security, pension, part-time employment, or other sources such as contributions from family/friends, roommate). *See attached Income and Expense Addendums.*
- ☐ **List of creditors (business and personal).** Include names, addresses, account number and account balances. (to the best of your knowledge).
- ☐ **Federal Income Tax Returns.** If available, please bring returns from the last 2 years as well as any *Notice of Intent to Levy or Notice of Levy from the IRS.*
- ☐ **Divorce Decree and support orders.** If available, please bring a copy of final decree of divorce.
- ☐ **Lawsuits or pending legal action.** This includes foreclosure notices, lawsuits or letters from a credit card company or its attorney, auto lienholder threatening repossession, medical actions, etc. or any other correspondence that you find troubling!
- ☐ **Average monthly household expenses** for the last 12 months.(just give us your best approximation) *See attached Income and Expense Addendums.*
- ☐ **Social Security card(s) and valid Texas Driver=s License or ID card.**(If available)

FOR BUSINESS ENTITIES ONLY

- ☐ **Profit & Loss Statement and average monthly business expenses.** Be sure to provide last 6 months income and expense details month by month. *See attached Business Income and Expense Addendum.*

GENERAL INFORMATION FORM

Name: _____ **Date:** _____

Social Security Number: _____ **Date of Birth:** _____

Address: _____ **Phone Number:** _____

City: _____ **State:** _____ **Zip:** _____ **Alt. Phone Number:** _____

Email Address: _____

County of Residence: _____ Length of Time at Current Residence: _____

Prior Address if Less than 2 years: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Spouse's Name: _____

Social Security Number: _____ Date of Birth: _____

Address: (if living separately) _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Email Address: _____

DEPENDENTS

Name	Age	Relationship to You	Is this person/child living with you?

Have you ever filed for Bankruptcy before, even if it was dismissed or you did not go through with it? ☐ Yes ☐ No

Names Used: _____ Date Filed: _____

Names Used: _____ Date Filed: _____

How did you hear about us?: _____

INCOME

**LIST YOUR AVERAGE MONTHLY HOUSEHOLD INCOME FROM ALL SOURCES-
Based on the PAST 6 MONTHS (Starting with last month and going back 6 months)**

Source	Debtor Historical Income					
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Gross wages, salary, tips, bonuses, OT and commission						
Federal taxes						
Social security						
Medicare						
Insurance						
401k						
401k loans						
Other						

Total Net Income						
Income from operation of a business, profession or farm(net-see below)						
Income from rent and other real property						
Income from interest, royalties and dividends						
Pension and retirement income						
Regular contributions to household expenses						
Unemployment compensation						
Income from Social Security disability, pension						
Income from all other sources						
Total Income						

INCOME CONT'D.

Source	Co-Debtor/Spouse Historical Income					
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Gross wages, salary, tips, bonuses, OT and commission						
Federal						
Social Security						
Medicare						
Insurance						
401k						
401k (loan)						
Other						
Total Net Income:						
Income from operation of a business, profession or farm(Net)(see below)						
Income from rent and other real property						
Income from interest, royalties and dividends						
Pension and retirement income						

Regular contributions to household expenses						
Unemployment compensation						
Income from Social Security disability, pension						
Income from all other sources						

INCOME HISTORY

Employer's Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Alt. Phone Number: _____

Length of employment: _____ Job Title: _____

How often do you get paid?: ☐ Weekly ☐ Every Two Weeks ☐ Semi-monthly ☐ Monthly

Is your spouse employed?: ☐ Yes ☐ No

If yes, Employer's Name: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip: _____ Alt. Phone Number: _____

Length of employment: _____ Job Title: _____

Child support/alimony ☐ Yes ☐ No If yes, how much?: _____

Food stamps ☐ Yes ☐ No If yes, how much?: _____

Unemployment benefits ☐ Yes ☐ No If yes, how much?: _____

Workman's compensation ☐ Yes ☐ No If yes, how much?: _____

Pension/Social Security ☐ Yes ☐ No If yes, how much?: _____

Disability Income ☐ Yes ☐ No If yes, how much?: _____

Rental/Roommate Income ☐ Yes ☐ No If yes, how much?: _____

Commissions ☐ Yes ☐ No If yes, how much?: _____

Royalty Income ☐ Yes ☐ No If yes, how much?: _____

Annuity/Trust Income ☐ Yes ☐ No If yes, how much?: _____

Gross Income from all sources for last 6 months: _____

Gross income from last calendar year (shown on tax return): _____

Gross income from last calendar year for spouse (shown on tax return): _____

SELF EMPLOYMENT INCOME

COMPLETE THIS PAGE IF YOU ARE SELF EMPLOYED OR OPERATE A BUSINESS

Are you self employed, own your own business or receive a 1099? Please complete below:

Please provide a current Profit and Loss Statement for your business as well.

Do you have an accountant or bookkeeper? Yes____ No____. Please provide name, address, and telephone number below:

Source	Business Net Income/Expense Statement					
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
Gross Income						
All Cash expenses itemized (not including depreciation, taxes, etc) Please include itemized list month by month						
Net Income						

Note: We will have to have documentation for both income and expenses for your business broken down monthly.

(Example of monthly expenses)

Mortgage, Lease or Rental Payment on business	\$ _____
Taxes (specify): _____	\$ _____
Accounting fees	\$ _____
Advertising	\$ _____
Utilities – electric*	\$ _____
Utilities – telephone*	\$ _____
Utilities – water*	\$ _____
Fuel/gas for business travel*	\$ _____
Insurance*	\$ _____
Repairs and maintenance	\$ _____
Salaries	\$ _____
FICA tax	\$ _____
Sales tax	\$ _____
Property tax	\$ _____
Contract labor	\$ _____
Supplies	\$ _____
Inventory	\$ _____

**separate from household expenses; only include utilities and expenses for business operations*

MONTHLY BUSINESS BUDGET

MONTHLY INCOME:

Gross Revenue from Business last 12 months: \$ _____

LAST SIX MONTH AVERAGE OF ALL OTHER MONTHLY BUSINESS EXPENSES:

Specify: _____ \$ _____
Specify: _____ \$ _____
Specify: _____ \$ _____

TOTAL: Six Month Average Of All Monthly Expenses: \$ _____

NET INCOME (OR LOSS): \$ _____

Please provide documentation month by month to substantiate the above information. (profit/loss statement or spread sheet).

Nature of business operations: _____

Start date of business _____

Do you receive commissions? ☐ Yes ☐ No Bonuses? ☐ Yes ☐ No Rent? ☐ Yes
☐ No Royalties? ☐ Yes ☐ No

Employees or contract Laborers? _____

Do you regularly obtain trade credit in the operation of your business? Y/N

Do you sell or serve liquor in your business? Y/N

Have you filed all required tax returns? Y/N

Unfiled returns: specify type and date _____

REAL ESTATE

Check the type of real estate you own:

☐ House ☐ Condominium ☐ Mobile Home ☐ Vacant Lot ☐ Rental Property
☐ Time Share ☐ Out of State/Country ☐ Other ☐ Co-Op

How many properties do you own? _____

Name(s) on Deed or Title: _____

Address of Property: _____

City: _____ State: _____ Zip: _____ Country: _____

1st Mortgage Company: _____

Monthly payment: _____ What is the payoff amount?: _____

Are you behind on payments? ☐ Yes ☐ No If yes, how many months?: _____

2nd Mortgage Company: _____

Monthly payment: _____ What is the payoff amount?: _____

Are you behind on payments? ☐ Yes ☐ No If yes, how many months?: _____

Is there a foreclosure sale scheduled? ☐ Yes ☐ No If yes, when?: _____

MOTOR VEHICLES

Motor vehicles include cars, trucks, SUV's, motorcycles, RV's, boats, trailers, campers, etc., that are **TITLED IN YOUR NAME, YOUR SPOUSE'S NAME OR WITH ANYONE ELSE**. Include all vehicles even if they are paid in full or not running, or someone else drives.

Number of vehicles financed: _____

Vehicle 1: Financed by: _____ Payoff amt: _____ Payment amt: _____ Int. rate: _____

Vehicle 1: How many months left on your auto loan? _____

Vehicle 2: Financed by: _____ Payoff amt: _____ Payment amt: _____ Int. rate: _____

Vehicle 2: How many months left on your auto loan? _____

Vehicle 1: Year Make and Make Model: _____

Vehicle 2: Year Make and Make Model: _____

Total number of vehicles owned by you and/or your spouse: _____

Do you owe the IRS? Yes No (circle one) If so, how much do you owe? _____

What tax years do you owe? _____ Type of Taxes (1040, 941) _____

Do you owe child support? Yes No (circle one) If so, are you current? _____

What is the total amount you owe? _____ How much are you behind? _____