



Ross & Associates, P.A.

Phone (952) 448-3333 Fax (952) 496-1728 Email paul@ross-and-associates.net

CLIENT INFORMATION

Full Name (First, Middle, Last): _____

Social Security No.: _____ Birthdate: _____ Age: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ Fax: _____

Preferred Method of Contact: _____

Employer Name: _____ Gross Earnings Per Year: _____

Employer Address: _____

SPOUSE INFORMATION

Full Name (First, Middle, Last): _____

Social Security No.: _____ Birthdate: _____ Age: _____

Street address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ Fax: _____

Preferred Method of Contact: _____

Employer Name: _____ Gross Earnings Per Year: _____

Employer Address: _____

*Marriage Date: _____ Separation/Divorce Date: _____

ARE YOU AND YOUR SPOUSE FILING THIS BANKRUPTCY TOGETHER? YES - NO

HAVE YOU OR YOUR SPOUSE FILED BANKRUPTCY BEFORE? YES - NO

Date of last Bankruptcy Filing: _____ State filed in: _____

HOW DID YOU FIND OUT ABOUT US AND CHOOSE OUR OFFICE?

Dex Media:	East _____	West _____	Lexis Nexis	_____
Dexknows.com	_____		Super Media	_____
Verizon Wireless	_____		Martindale Hubble	_____
Yellow Book	_____		Crow River Directory	_____
Nova Directories	_____		Integra	_____
Colorlyne Directories	_____		Google	_____
Yellow Pages.com	_____		Personal Reference	_____
www.Ross-and-Associates.com	_____		Other	_____
Dex One	_____			

7. Name and telephone number of a friend or relative who can take messages for you:

8. Have you been involved in business with anyone or by yourself independently, in the past six (6) years? If so, write down the business' name, its location and dates of operation.

<u>Name of Business</u>	<u>Nature of Business</u>	<u>Location</u>	<u>Dates of operation</u>	<u>Tax ID/Social</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

9. Your Adjusted GROSS income for current and previous two (2) calendar years from tax returns:

Current YTD (Year-to-Date)	\$ _____ (Husband)	\$ _____ (Wife)
Last Year	\$ _____	\$ _____
Two Years Ago	\$ _____	\$ _____

10. List amounts of income received from any source, other than wages, during each of last two (2) years (this includes cash jobs, 401K withdrawals, rental income, etc.):

Last Year \$ _____ Two Years Ago \$ _____

11. List all bank accounts that you are listed on, whether open, closed, or no balance, for the past 12 months: Provide: Name(s) on account, name of bank, type of account, last four digits of account number(s)

1. _____
2. _____
3. _____
4. _____

PLEASE NOTE: This includes children's accounts, elderly parent's accounts, Health Savings accounts, etc.

12. Please list any safety deposits used in the past two (2) years. Include financial institution, address and contents.

13. If you (or your spouse) have ever previously filed a bankruptcy petition, please list the location of the court in which you filed the case, the previous chapter type (ex. Chapter 7/13), the approximate date the case was filed, and the prior case result (Ex. dismissed, discharged):

14. Has anyone garnished (or attempted to garnish) your wages, repossessed any of your property (voluntary or involuntary), or taken any similar action against you in the last year? If so, please provide the name of the creditor and the property taken:

15. Please provide the names of any creditors or individuals who have sued you in the last year, and the names of anyone you have sued (or could sue) in the last year. Please include addresses for the creditors or individuals:

16. Have you borrowed money from, or paid back any friends, family members, or acquaintances within the past 2 years? If so, please list the amounts borrowed and paid back. Please include names and addresses:

17. Real Estate

Homestead___ Cabin___ Other___ Type:_____

Property Address:_____

Legal Description:_____

County:_____

Name(s) on Title:_____

Mortgage Type: First___ Second___ Third___

Lien Holder_____ Date Acquired:_____

Address for Lien Holder:_____

Account Number:_____ Monthly Payments:\$_____

Are Taxes/Insurance Included Yes___ No___ Pay Off Amount:\$_____

Market Value\$_____

Appraisal___ Tax Assessed___ (Tax Assessed Year_____)

Are you behind on payments? Yes___ No___ If yes, by how much \$_____

Collection Attorney:_____

Collection Attorney's Address_____

Phone #:_____ Contact Person_____

Is this property currently in foreclosure? Yes___ No___

Sale Date/Time_____

Mortgage Type: First___ Second___ Third___
Lien Holder_____ Date Acquired:_____
Address for Lien Holder:_____
Account Number:_____ Monthly Payments:\$_____
Pay Off Amount:\$_____
Are you behind on payments? Yes___ No___ If yes, by how much\$_____
Collection Attorney:_____
Collection Attorney's Address_____

Mortgage Type: First___ Second___ Third___
Lien Holder_____ Date Acquired:_____
Address for Lien Holder:_____
Account Number:_____ Monthly Payments:\$_____
Pay Off Amount:\$_____
Are you behind on payments? Yes___ No___ If yes, by how much\$_____
Collection Attorney:_____
Collection Attorney's Address_____

***List any other real estate on a separate sheet of paper.**

18. Have you sold, transferred or given away any property in the last two (2) years? Please describe:

19. Have you sold, transferred or given anything to a family member or friend in the last six (6) years? Please describe:

20. Debts owed to you (Does anyone owe you money?) \$_____

Describe: _____

21. Expected lawsuit settlements (car accident, workers compensation, etc.) \$_____

Describe: _____

22. Plaintiff in lawsuit (Are you suing anyone?) \$_____

Describe: _____

23. Received any money for an insurance policy \$_____

Describe: _____

24. Sustained a loss due to theft, fire or gambling \$_____

Describe: _____

25. **EMPLOYMENT** (provide employer information for husband and wife, *even if not filing jointly*)

Employer Name/Title	Address	Phone#	Length of Employment
---------------------	---------	--------	----------------------

1. Husband: _____

2. Husband: _____

3. Wife: _____

4. Wife: _____

Please indicate your pay period frequency (weekly, semimonthly, biweekly, monthly)	Husband	Wife
Alimony/Child support you receive monthly	\$ _____	\$ _____
Any other payment you receive monthly	\$ _____	\$ _____
Government Assistance (Unemployment, Social Security)	\$ _____	\$ _____
Retirement 401K, Pension, etc.)	\$ _____	\$ _____
Other Source(s) of Income	\$ _____	\$ _____

Describe: _____

Are you a member of the Armed Forces of National Guard? _____

26. Please list your monthly budget including ALL of your living expenses. Include everything you consider a normal expense. Do not include payments on past debts or credit cards, except where indicated. If you and your spouse are living separately, please each fill out your own monthly budget.

Rent/Mortgage	\$ _____	Home Repairs	\$ _____
Second Mortgage	\$ _____	Medical/Drug Expenses	\$ _____
Association Dues	\$ _____	Club Memberships	\$ _____
Property Taxes	\$ _____	Charitable Contributions	\$ _____
(If not escrowed)		Union Dues or Taxes	\$ _____
Car Payment #1	\$ _____	(not withheld from wages)	
Car Payment #2	\$ _____	Entertainment, Books,	\$ _____
Other Installment Payments	\$ _____	Newspapers, Magazines	
Student Loans	\$ _____	Renter/Homeowners	\$ _____
Food	\$ _____	Insurance	
Clothing	\$ _____	Other Insurance (not withheld from wages)	
Utilities:		Health	\$ _____
Heat	\$ _____	Disability	\$ _____
Electricity	\$ _____	Life	\$ _____
Phone	\$ _____	Daycare	\$ _____
Water	\$ _____	Pet Expenses	\$ _____
Garbage	\$ _____	Children's Activities	\$ _____
Cable TV	\$ _____	School Lunch	\$ _____
Internet	\$ _____	Housekeeping/Personal	\$ _____
Cell Phone	\$ _____	Items	
Transportation (monthly car	\$ _____	Laundry/Dry Cleaning	\$ _____
Repairs, gas, parking, bus)		Other	\$ _____
Auto Insurance	\$ _____	Other	\$ _____
		Other	\$ _____

27. Please check all that apply and provide a “yard sale” value for each item:

	Husband	Joint	Wife	
Circle each that apply				
<input type="checkbox"/>	Checking / Savings	\$ _____	J	\$ _____
	Checking / Savings	\$ _____	J	\$ _____
	Checking / Savings	\$ _____	J	\$ _____
	Checking / Savings	\$ _____	J	\$ _____
	Checking / Savings	\$ _____	J	\$ _____
<input type="checkbox"/>	401(k) / IRA / Pension	\$ _____	J	\$ _____
	401(K) / IRA / Pension	\$ _____	J	\$ _____
	401(K) / IRA / Pension	\$ _____	J	\$ _____
<input type="checkbox"/>	Cash on Hand	\$ _____	J	\$ _____
<input type="checkbox"/>	Expected Inheritance(s)	\$ _____	J	\$ _____
<input type="checkbox"/>	Bonds / Stocks	\$ _____	J	\$ _____
<input type="checkbox"/>	Income Tax Refund(s)	\$ _____	J	\$ _____
<input type="checkbox"/>	Rental Deposits	\$ _____	J	\$ _____
	Name of Landlord _____		Address: _____	
<input type="checkbox"/>	Household Appliances	\$ _____	J	\$ _____
<input type="checkbox"/>	Kitchen Utensils / Equipment	\$ _____	J	\$ _____
<input type="checkbox"/>	Household Furniture	\$ _____	J	\$ _____
<input type="checkbox"/>	VHS, DVD, CD's	\$ _____	J	\$ _____
<input type="checkbox"/>	Home Entertainment Equipment	\$ _____	J	\$ _____
<input type="checkbox"/>	Video Game Console / Games	\$ _____	J	\$ _____
<input type="checkbox"/>	Computer(s)	\$ _____	J	\$ _____
<input type="checkbox"/>	Computer Printer/Accessories	\$ _____	J	\$ _____
<input type="checkbox"/>	Wedding Ring(s)	\$ _____	J	\$ _____
<input type="checkbox"/>	Other Misc. Jewelry	\$ _____	J	\$ _____
<input type="checkbox"/>	Clothing, Furs, Shoes Etc.	\$ _____	J	\$ _____
<input type="checkbox"/>	Photography Equipment	\$ _____	J	\$ _____
<input type="checkbox"/>	Collectibles	\$ _____	J	\$ _____
<input type="checkbox"/>	Hobby Equipment	\$ _____	J	\$ _____
<input type="checkbox"/>	Paintings/Art	\$ _____	J	\$ _____
<input type="checkbox"/>	Guns / Firearms	\$ _____	J	\$ _____
<input type="checkbox"/>	Tools - Mechanical	\$ _____	J	\$ _____ Used in Business: yes / no
<input type="checkbox"/>	Tools - Carpenter	\$ _____	J	\$ _____ Used in Business: yes / no
<input type="checkbox"/>	Business Inventory	\$ _____	J	\$ _____

**Please provide a detailed list of business assets, including tools, and give a “yard sale” value for each item.*

<input type="checkbox"/>	Yard Tools / Equipment	\$ _____	J	\$ _____
<input type="checkbox"/>	Boat(s), Trailer(s), Aircrafts, RV'(s) Dirt Bike(s) Etc.	\$ _____	J	\$ _____
<input type="checkbox"/>	Vehicle #1	\$ _____	J	\$ _____
<input type="checkbox"/>	Vehicle #2	\$ _____	J	\$ _____
<input type="checkbox"/>	Vehicle #3	\$ _____	J	\$ _____
<input type="checkbox"/>	Vehicle #4	\$ _____	J	\$ _____
<input type="checkbox"/>	Other _____	\$ _____	J	\$ _____

28. Vehicle Information:

Vehicle #1

Year _____ Make _____ Model _____ Miles _____
Lien Holder: _____ Address: _____
Acct. No.: _____ Monthly payment:\$ _____ Pay Off Amount:\$ _____
Are you behind on your payments? Yes / No - If yes, then by how much?\$ _____
Name(s) on title: _____
Condition of the vehicle: Bad ___ Fair ___ Good ___ Excellent ___
Your intention of this vehicle? Keep ___ Surrender ___

Vehicle #2

Year _____ Make _____ Model _____ Miles _____
Lien Holder: _____ Address: _____
Acct. No.: _____ Monthly payment:\$ _____ Pay Off Amount:\$ _____
Are you behind on your payments? Yes / No - If yes, then by how much?\$ _____
Name(s) on title: _____
Condition of the vehicle: Bad ___ Fair ___ Good ___ Excellent ___
Your intention of this vehicle? Keep ___ Surrender ___

Vehicle #3

Year _____ Make _____ Model _____ Miles _____
Lien Holder: _____ Address: _____
Acct. No.: _____ Monthly payment:\$ _____ Pay Off Amount:\$ _____
Are you behind on your payments? Yes / No - If yes, then by how much?\$ _____
Name(s) on title: _____
Condition of the vehicle: Bad ___ Fair ___ Good ___ Excellent ___
Your intention of this vehicle? Keep ___ Surrender ___

Vehicle #4

Year _____ Make _____ Model _____ Miles _____
Lien Holder: _____ Address: _____
Acct. No.: _____ Monthly payment:\$ _____ Pay Off Amount:\$ _____
Are you behind on your payments? Yes / No - If yes, then by how much?\$ _____
Name(s) on title: _____
Condition of the vehicle: Bad ___ Fair ___ Good ___ Excellent ___
Your intention of this vehicle? Keep ___ Surrender ___

Debt Sheet 1 of 5

Name of creditor: _____
Address: _____ City/State: _____ Zip: _____
Amount Owed: \$ _____ Account Number: _____
Date you established this credit/Debt: _____
If this debt is for a credit card, please list the date or year of your last purchase: _____
What is this debt for?: _____
Who is financially responsible for this debt?: Husband _____ Wife _____ Both _____ Other _____
Has this debt been turned over to a collection agency?: Yes _____ No _____
Name of collection agency or Attorney: _____
Address: _____ City/State: _____ Zip: _____

~~~~~

Name of creditor: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_  
Date you established this credit/Debt: \_\_\_\_\_  
If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_  
What is this debt for?: \_\_\_\_\_  
Who is financially responsible for this debt?: Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_  
Has this debt been turned over to a collection agency?: Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of collection agency or Attorney: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

~~~~~

Name of creditor: _____
Address: _____ City/State: _____ Zip: _____
Amount Owed: \$ _____ Account Number: _____
Date you established this credit/Debt: _____
If this debt is for a credit card, please list the date or year of your last purchase: _____
What is this debt for?: _____
Who is financially responsible for this debt?: Husband _____ Wife _____ Both _____ Other _____
Has this debt been turned over to a collection agency?: Yes _____ No _____
Name of collection agency or Attorney: _____
Address: _____ City/State: _____ Zip: _____

~~~~~

## Debt Sheet 2 of 5

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you established this credit/Debt: \_\_\_\_\_

If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_

What is this debt for?: \_\_\_\_\_

Who is financially responsible for this debt?: Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Has this debt been turned over to a collection agency?: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of collection agency or Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

~~~~~

Name of creditor: _____

Address: _____ City/State: _____ Zip: _____

Amount Owed: \$ _____ Account Number: _____

Date you established this credit/Debt: _____

If this debt is for a credit card, please list the date or year of your last purchase: _____

What is this debt for?: _____

Who is financially responsible for this debt?: Husband _____ Wife _____ Both _____ Other _____

Has this debt been turned over to a collection agency?: Yes _____ No _____

Name of collection agency or Attorney: _____

Address: _____ City/State: _____ Zip: _____

~~~~~

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you established this credit/Debt: \_\_\_\_\_

If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_

What is this debt for?: \_\_\_\_\_

Who is financially responsible for this debt?: Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Has this debt been turned over to a collection agency?: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of collection agency or Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

~~~~~

Debt Sheet 3 of 5

Name of creditor: _____

Address: _____ City/State: _____ Zip: _____

Amount Owed: \$ _____ Account Number: _____

Date you established this credit/Debt: _____

If this debt is for a credit card, please list the date or year of your last purchase: _____

What is this debt for?: _____

Who is financially responsible for this debt?: Husband _____ Wife _____ Both _____ Other _____

Has this debt been turned over to a collection agency?: Yes _____ No _____

Name of collection agency or Attorney: _____

Address: _____ City/State: _____ Zip: _____

~~~~~

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you established this credit/Debt: \_\_\_\_\_

If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_

What is this debt for?: \_\_\_\_\_

Who is financially responsible for this debt?: Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Has this debt been turned over to a collection agency?: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of collection agency or Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

~~~~~

Name of creditor: _____

Address: _____ City/State: _____ Zip: _____

Amount Owed: \$ _____ Account Number: _____

Date you established this credit/Debt: _____

If this debt is for a credit card, please list the date or year of your last purchase: _____

What is this debt for?: _____

Who is financially responsible for this debt?: Husband _____ Wife _____ Both _____ Other _____

Has this debt been turned over to a collection agency?: Yes _____ No _____

Name of collection agency or Attorney: _____

Address: _____ City/State: _____ Zip: _____

~~~~~

## Debt Sheet 4 of 5

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you established this credit/Debt: \_\_\_\_\_

If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_

What is this debt for?: \_\_\_\_\_

Who is financially responsible for this debt?: Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Has this debt been turned over to a collection agency?: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of collection agency or Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

~~~~~

Name of creditor: _____

Address: _____ City/State: _____ Zip: _____

Amount Owed: \$ _____ Account Number: _____

Date you established this credit/Debt: _____

If this debt is for a credit card, please list the date or year of your last purchase: _____

What is this debt for?: _____

Who is financially responsible for this debt?: Husband _____ Wife _____ Both _____ Other _____

Has this debt been turned over to a collection agency?: Yes _____ No _____

Name of collection agency or Attorney: _____

Address: _____ City/State: _____ Zip: _____

~~~~~

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you established this credit/Debt: \_\_\_\_\_

If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_

What is this debt for?: \_\_\_\_\_

Who is financially responsible for this debt?: Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Has this debt been turned over to a collection agency?: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of collection agency or Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

~~~~~

Debt Sheet 5 of 5

Name of creditor: _____

Address: _____ City/State: _____ Zip: _____

Amount Owed: \$ _____ Account Number: _____

Date you established this credit/Debt: _____

If this debt is for a credit card, please list the date or year of your last purchase: _____

What is this debt for?: _____

Who is financially responsible for this debt?: Husband _____ Wife _____ Both _____ Other _____

Has this debt been turned over to a collection agency?: Yes _____ No _____

Name of collection agency or Attorney: _____

Address: _____ City/State: _____ Zip: _____

~~~~~

Name of creditor: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount Owed: \$ \_\_\_\_\_ Account Number: \_\_\_\_\_

Date you established this credit/Debt: \_\_\_\_\_

If this debt is for a credit card, please list the date or year of your last purchase: \_\_\_\_\_

What is this debt for?: \_\_\_\_\_

Who is financially responsible for this debt?: Husband \_\_\_\_\_ Wife \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

Has this debt been turned over to a collection agency?: Yes \_\_\_\_\_ No \_\_\_\_\_

Name of collection agency or Attorney: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

~~~~~

Name of creditor: _____

Address: _____ City/State: _____ Zip: _____

Amount Owed: \$ _____ Account Number: _____

Date you established this credit/Debt: _____

If this debt is for a credit card, please list the date or year of your last purchase: _____

What is this debt for?: _____

Who is financially responsible for this debt?: Husband _____ Wife _____ Both _____ Other _____

Has this debt been turned over to a collection agency?: Yes _____ No _____

Name of collection agency or Attorney: _____

Address: _____ City/State: _____ Zip: _____

~~~~~

\*\*We can provide more debt sheets if necessary. Please let us know if you need more, or you can write additional creditors on a separate piece of paper\*\*

In order for us to be able to give you good advice, you also need to provide us with the following information and documentation.

1. Copies of all pay stubs received in the last six (6) months. If you do not keep those records, the payroll department at your work probably can provide them to you. We need this information to determine your average income for the means test. The Court requires that your last 60 days of pay stubs be filed with your case. We need evidence of all sources of income in the past six (6) months including, wages, rental income, interest income, cash jobs, etc.
2. The correct legal description to any real estate you have interest in. The deed, contract for deed, abstract or certificate title will have the correct legal description, your real estate tax statement will not. In addition, we may also need a copy of your current mortgage and note. If you have the wrong legal description you will have title problems with the real estate in the future and it will be costly to straighten out. Please bring the most recent tax statement.
3. Copies of your tax returns for the past two (2) years along with all your schedules and W-2's. We also need to know your total individual gross income for the past two years. Your W-2's or 1099 forms are a good source of information for that information.
4. A list of creditors along with a copy of each of the monthly statements. If collection agencies or attorneys are involved, please bring all correspondence and/or other documentation from them. This also includes student loans or tax statements.
5. A list of any co-signers names and addresses.
6. Copies of all 401K, Pension, or Profit Sharing statements. Please also bring any outstanding loan balance totals.
7. Copies to all titles to vehicles, boats, ATV, etc.

~~~~~

I (We) hereby attest that the above information is true, correct and complete to the best of my (our) knowledge and belief.

Dated: _____ Signed: _____
Debtor

Dated: _____ Signed: _____
Joint Debtor