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Bring the following things with you to your consultation scheduled for _____ at _____ :

1. Page 2 through 6 of the Information Sheets completed entirely.
2. Page 7 through 9 listing **all** of your debts including cash advances, title loans, payday loans, property taxes, income taxes, child support, alimony, attorney fees, etc.
3. Credit report fee in the form of cash, money order, credit and or debit card:

Individual \$20.00

Married \$40.00

**If it is anticipated that husband and wife will be filing as a couple, but only one can attend the initial consultation, you must bring written permission from the spouse that cannot attend stating that Mark T. Young & Associates has permission to pull their individual credit report. Please make sure that it is signed and dated. Last year's federal income tax return that you have filed.*

4. Paycheck stubs received in the last 60 days.
**If you are married we will also need your spouse's paycheck stubs received in the last 60 days regardless if they are filing bankruptcy or not.*
5. Copy of any wage garnishments or wage levies that are currently being deducted from your paycheck.
6. Copy of any letter you have received threatening or advising of a foreclosure against your property.

Please allow adequate time for this consultation as this may take 2 to 3 hours.

_____ **INFORMATION SHEETS** _____

HUSBAND'S INFORMATION:

LAST NAME:		FIRST NAME:		MIDDLE NAME (NO INITIALS):	
AGE:	MARITAL STATUS (Circle one) single married divorced separated widowed				
SOCIAL SECURITY NUMBER		FORMERLY KNOWN AS, OR DOING BUSINESS AS			
ADDRESS WHERE YOU RESIDE (IF DIFFERENT FROM ABOVE)			YOUR MAILING ADDRESS (IF DIFFERENT)		
COUNTY			EMAIL ADDRESS		
HOME PHONE NO. (WITH AREA CODE)		WORK PHONE NO. (WITH AREA CODE)		CELL PHONE NO. (WITH AREA CODE)	
PERSON TO CONTACT IN CASE OF EMERGENCY (SOMEONE NOT LIVING WITH YOU)		PHONE NUMBER (WITH AREA CODE)		RELATION	

WIFE'S INFORMATION:

LAST NAME:		FIRST NAME:		MIDDLE NAME (NO INITIALS):	
AGE:	MARITAL STATUS (Circle one) single married divorced separated widowed				
SOCIAL SECURITY NUMBER		FORMERLY KNOWN AS, OR DOING BUSINESS AS			
ADDRESS WHERE YOU RESIDE (IF DIFFERENT FROM ABOVE)			YOUR MAILING ADDRESS (IF DIFFERENT)		
COUNTY			EMAIL ADDRESS		
HOME PHONE NO. (WITH AREA CODE)		WORK PHONE NO. (WITH AREA CODE)		CELL PHONE NO. (WITH AREA CODE)	
PERSON TO CONTACT IN CASE OF EMERGENCY (SOMEONE NOT LIVING WITH YOU)		PHONE NUMBER (WITH AREA CODE)		RELATION	

SCHEDULE I INFORMATION:

Do you have any dependents other than yourself and your spouse? YES NO If yes, list dependent's information below:

<u>Relationship</u>	<u>Age</u>	<u>Live With You</u>
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do your expenses include expenses of people other than yourself, your spouse and your dependents? YES NO

If yes, explain: _____

EMPLOYMENT INCOME – Primary Job

HUSBAND'S EMPLOYER'S NAME & FULL ADDRESS:		WIFE'S EMPLOYER'S NAME & FULL ADDRESS:	
JOB TITLE	LENGTH EMPLOYED? yrs mos	JOB TITLE	LENGTH EMPLOYED? yrs mos
When are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice per month <input type="checkbox"/> Monthly		When are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice per month <input type="checkbox"/> Monthly	
<u>Average net (take home) pay per pay period:</u> \$		<u>Average net (take home) pay per pay period:</u> \$	

SUPPLEMENTAL INCOME List monthly amounts:	Husband	Wife
Commissions	\$	\$
Bonuses	\$	\$
Estimated monthly overtime	\$	\$
Tips	\$	\$
Self- Employment or Business Income (after expenses deducted)	\$	\$
Real Property (rental) Income	\$	\$
Interest and dividends	\$	\$
Alimony	\$	\$
Child Support	\$	\$
Unemployment compensation	\$	\$
Social Security	\$	\$
Social Security check you receive for someone else	\$	\$
Other government assistance received regularly (food stamps, Section 8, etc.)	\$	\$
VA Benefits	\$	\$
Other Disability Income	\$	\$
Pension or Retirement	\$	\$
Second Job	\$	\$
OTHER: (specify)	\$	\$
TOTAL:	\$	\$

EXPENSE INFORMATION: MONTHLY AMOUNTS		For Office Use Only
EXPENSES FOR RESIDENCE		
Rent	\$	
Mobile Home Payment	\$	
Lot Rent	\$	
Homeowner's association or condominium dues	\$	
Mortgage First	\$	
Second	\$	
UTILITIES		
Electric	\$	
Gas Heat	\$	
Water & Sewer	\$	
Basic Phone Service	\$	
Long Distance	\$	
Cell phone or Pager	\$	
Internet Access	\$	<i>E</i>
Cable TV	\$	
Trash pickup	\$	
Home Maintenance – repairs/upkeep	\$	
Food and housekeeping supplies	\$	
Child care	\$	
Children's education costs	\$	
Clothing, Laundry & Dry Cleaning	\$	
Personal care products and services (haircuts, nails, shampoo, etc.)	\$	
Medical/Vision/Dental Expenses (out of pocket expenses not reimbursed by insurance or paid by a health savings acct.)	\$	<i>E</i>
Transportation (gas, maintenance, etc. – NOT CAR PAYMENT)	\$	
Entertainment, clubs, recreation, newspapers, magazines and books	\$	
Charitable contributions and religious donations	\$	<i>E</i>
INSURANCE (not deducted from paycheck or included in home mortgage payments)		
Life	\$	<i>E</i>
Health	\$	<i>E</i>
Vehicle	\$	
Homeowner's or Renter's Insurance (if not escrowed)		
Other	\$	<i>E</i>
Taxes (not deducted from paycheck or included in home mortgage payments)		
Income Taxes	\$	
Property Taxes	\$	<i>E</i>
INSTALLMENT PAYMENTS		
Make & Model:	Auto	\$
Make & Model:	Auto	\$
Make & Model:	Auto	\$
	Other	\$
	Other	\$
	Alimony	\$ <i>E</i>
	Child Support	\$ <i>E</i>
	School Expenses for adults	\$ <i>E</i>
	School Lunches	\$
	Education of physically or mentally challenged dependent child	\$ <i>E</i>
	For continued care of household or family in the home or immediate family not living in your home	\$ <i>E</i>
	Birthdays & Christmas Gifts	\$
	Other Expenses not listed – Identify & List amounts	\$
	Other Expenses not listed – Identify & List amounts	\$
	Other Expenses not listed – Identify & List amounts	\$
	Other Expenses not listed – Identify & List amounts	\$
	Other Expenses not listed – Identify & List amounts	\$
	TOTAL:	\$

Describe any increase or decrease in income anticipated to occur within the next year? _____

Describe any increase or decrease in expenses anticipated to occur within the next year? _____

INCOME: <i>From employment, trade, profession or business</i>	HUSBAND	WIFE
Calendar year 2013	\$	\$
Calendar year 2014	\$	\$
This year to date	\$	\$

INCOME: <i>From other sources, including but not limited to, unemployment, workers' compensation, social security, retirement, etc.</i>		
What kind?		
Calendar year 2013	\$	\$
Calendar year 2014	\$	\$
This year to date	\$	\$

Co-signed Debts:

Have you co-signed for anyone other than your spouse? YES NO If yes, be sure their name and relationship is listed on your list of debts.

Has anyone else other than your spouse co-signed for you? YES NO If yes, be sure their name and relationship is listed on your list of debts.

PRIOR ADDRESSES <i>WITHIN THE LAST THREE YEARS: If none, circle NONE</i>	<i>From</i>	<i>To</i>
Address:		
Address:		
Address:		

Real Estate: List below the addresses of any real estate that you own. Include timeshares and any property in which you have a life estate.

<i>Address</i>	<i>Property Tax/Insurance Escrowed</i>	<i>OWN</i>	<i>Current Market Value</i>	<i>Total Balance ALL Mortgages</i>
	Y N			
	Y N			
	Y N			
	Y N			
	Y N			

Motor Vehicles:

List ANY & ALL cars, trucks, singlewide mobile homes, motor cycles, four-wheelers, etc. that are titled in your name. If the motor vehicle has a LIEN on the title, be sure the debt is listed on your list of debts.

YEAR	MAKE & MODEL	MILEAGE	List Creditor if Lien OR PIF if paid in full	TAG Number	If financed, is it a lease or purchase? Circle one.		To be completed by attorney
					lease	purchase	
					lease	purchase	
					lease	purchase	
					lease	purchase	
					lease	purchase	
					lease	purchase	
					lease	purchase	

Student loans:

Do you owe student loans? YES NO If yes, be sure they are listed on your list of debts.

Domestic Support Obligations:

Do you owe child support? YES NO If yes, be sure they are listed on your list of debts.

Do you owe alimony? YES NO If yes, be sure they are listed on your list of debts.

Taxes:

Do you presently owe Income Taxes? YES NO If yes, be sure they are listed on your list of debts.

Do you presently owe Sales Taxes? YES NO If yes, be sure they are listed on your list of debts.

Do you presently owe Property Taxes? YES NO If yes, be sure they are listed on your list of debts.

Do you presently owe any other Taxes? YES NO If yes, be sure they are listed on your list of debts.

Chapter 7 or Chapter 13 bankruptcies filed in the last 10 years:

H W J	Date filed	What City?	Case Number	Attorney	D'missd (✓)	D'chargd (✓)	Date	7 or 13? (Circle)	
								7	13
								7	13
								7	13
								7	13
								7	13

Name: _____

WE NEED COMPLETE MAILING ADDRESSES ON ALL DEBTS LISTED
 circle letter to show whether each debt is owed by husband (H) wife (W) joint (J) or co-signed (C)

CREDITOR NAME:		<i>Balance Due</i>	<i>Description of Debt</i>
Account No:		\$	H W J C
Address			
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Account No:		\$	H W J C
Address			
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Account No:		\$	H W J C	
Address				
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Account No:		\$	H W J C	
Address				
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Account No:		\$	H W J C	
Address				
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Account No:		\$	H W J C	
Address				
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Name: _____

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