

_____ **INFORMATION SHEETS** _____

<i>HUSBAND'S INFORMATION:</i>								
HUSBAND'S LAST NAME		FIRST NAME		MIDDLE NAME (NO INITIALS PLEASE)				
AGE:	MARITAL STATUS (Circle one)			single	married	divorced	separated	widowed
SOCIAL SECURITY NUMBER			FORMERLY KNOWN AS, OR DOING BUSINESS AS					
ADDRESS WHERE YOU RESIDE				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		

<i>WIFE'S INFORMATION:</i>								
WIFE'S LAST NAME		FIRST NAME		MIDDLE NAME (NO INITIALS PLEASE)				
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:	
DEPENDENTS & MEMBERS OF HOUSEHOLD	
Number of dependent children who live with you: _____	Ages (NO NAMES):
Total of all dependents living with you - including yourself and spouse if you are married and living together: _____	
List first names and approximate ages of all other persons who live in your household:	Names:
Total number of all persons living in your household: _____	

EMPLOYMENT INCOME – List here income from your primary job

HUSBAND'S EMPLOYER NAME & ADDRESS		WIFE'S EMPLOYER NAME & ADDRESS	
JOB TITLE	LENGTH EMPLOYED? yrs mos	JOB TITLE	LENGTH EMPLOYED? yrs mos
PAY STUB INFORMATION <i>(CIRCLE ONE)</i>	HUSBAND Weekly Every two weeks Twice per month Monthly		WIFE Weekly Every two weeks Twice per month Monthly
Average take home pay per pay period:	\$		\$

OTHER INCOME – List monthly amounts	Husband	Wife
Tips	\$	\$
Bonuses	\$	\$
Commissions	\$	\$
Second Job	\$	\$
Self Employment Income	\$	\$
Business Income	\$	\$
Real Property (rental) Income	\$	\$
Pension or Retirement	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Unemployment	\$	\$
Social Security Retirement	\$	\$
Social Security Disability	\$	\$
Social Security check you receive for someone else	\$	\$
Other Disability Income	\$	\$
VA Benefits	\$	\$
OTHER: (specify)	\$	\$
	\$	\$
TOTAL:	\$	\$

EXPENSE INFORMATION: MONTHLY AMOUNTS (PLEASE CALCULATE ALL AMOUNTS INTO MONTHLY AVERAGES)		For Office Use Only
EXPENSES FOR RESIDENCE		
	Rent	\$
	Mobile Home Payment	\$
	Lot Rent	\$
	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	\$
	Clothing	\$
	Laundry & Dry Cleaning	\$
	Healthcare - Enter average monthly amount that you actually spend on healthcare expenses (medical, dental, vision, etc.) that are not reimbursed by insurance or paid by a health savings acct.	\$ <i>E</i>
	Transportation (include gas & maintenance)	\$
	Recreation	\$
	Charity (enter the amount you will continue to contribute)	\$ <i>E</i>
INSURANCE		
	Home/Renters (not included in your mortgage payment)	\$ <i>E</i>
(list only if NOT deducted from your paycheck)	Term Life Insurance on you or your spouse	\$ <i>E</i>
	Other Life Insurance	\$
	Health Insurance (not deducted from paycheck)	\$ <i>E</i>
	Auto	\$
	Disability Insurance	\$ <i>E</i>
	Health Savings Account	\$ <i>E</i>
	Other Insurance	\$
Taxes (not deducted)		
	Income taxes (monthly)	\$
	Property Taxes (monthly)	\$ <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>
	Business Expenses (to the extent not deducted from business income)	\$
	Child Care	\$ <i>E</i>
	Household Supplies	\$
	Hair Care	\$
	School Expenses	\$ <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	\$
		\$
		\$
	TOTAL:	

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

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

INCOME: From employment, trade, profession or from your own business	HUSBAND	WIFE
Calendar year 2010	\$	\$
Calendar year 2011	\$	\$
This year to date	\$	\$

INCOME: From other sources, including but not limited to, unemployment, workers' compensation, social security, retirement, etc.		
What kind?		
Calendar year 2010	\$	\$
Calendar year 2011	\$	\$
This year to date	\$	\$

Cosigned debts: Are any of your debts cosigned by anyone other than your spouse? (if married). Please list debts cosigned and the name of the cosigner. Also list any debts you have cosigned for someone else. **These cosigned debts should also be on your list of debts.**

<i>Creditor Name</i>	<i>Collateral</i>	<i>Co-Signor's Name</i>	<i>Relationship</i>

PRIOR ADDRESSES WITHIN THE LAST THREE YEARS: If none, circle NONE	<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>P.T.E.</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			

Name: _____

WE NEED COMPLETE MAILING ADDRESSES ON ALL CREDITORS LISTED
 please circle appropriate letter to show whether each debt is for husband (H) wife (W) or joint (J)

CREDITOR NAME:		<i>Balance Due</i>	<i>Description of collateral</i>	
Account No:		\$	H W J	
Address				
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