

MARK T. YOUNG & ASSOCIATES
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Please bring the following things with you to your consultation:

1. Please complete pages *2 through 6* of the information packet.
2. On pages *7 through 9*, only list debts that are not on your credit report.
3. Please create an account with credit karma and bring the user name and password with you to your consultation.

Credit Karma user name: _____

Credit Karma password: _____

(If your spouse is filing with you)

Credit Karma user name: _____

Credit Karma password: _____

4. Paycheck stubs received in the last 60 days.
**If you are married, we will need a copy of your spouse's most recent paystub.*
5. A copy of any wage **garnishment**, **summons** or letter you have received threatening or advising of a **foreclosure** against your property.
6. A copy of your 2018 & 2019 (if filed) tax returns (if applicable)- If you have not yet filed for 2019, please bring your 2019 W-2 or 1099s.
7. Driver's License & Social Security Card
8. If you are self-employed or own a business, we may require additional documents.

We look forward to meeting with you and discussing your options!

INFORMATION SHEETS

Individual:

LAST NAME:		FIRST NAME:		MIDDLE NAME (NO INITIALS):	
AGE: DOB:	MARTIAL 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	

Spouse (if applicable):

LAST NAME:		FIRST NAME:		MIDDLE NAME (NO INITIALS):	
AGE: DOB:	MARTIAL 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

INDIVIDUAL EMPLOYER'S NAME & FULL ADDRESS:		SPOUSE'S EMPLOYER 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	pay period:
<u>Average net (take home) pay per pay period:</u> \$			

SUPPLEMENTAL INCOME List monthly amounts:	Individual	Spouse
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

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	\$
	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.)	\$
	Transportation (gas, maintenance, etc. – NOT CAR PAYMENT)	\$
	Entertainment, clubs, recreation, newspapers, magazines and books	\$
	Charitable contributions and religious donations	\$
INSURANCE (not deducted from paycheck or included in home mortgage payments)		
	Life	\$
	Health	\$
	Vehicle	\$
	Homeowner's or Renter's Insurance (if not escrowed)	
	Other	\$
Taxes (not deducted from paycheck or included in home mortgage payments)		
	Income Taxes	\$
	Property Taxes	\$
INSTALLMENT PAYMENTS	Make & Model: Auto	\$
	Make & Model: Auto	\$
	Make & Model: Auto	\$
	Other	\$
	Other	\$
	Alimony	\$
	Child Support	\$
	School Expenses for adults	\$
	School Lunches	\$
	Education of physically or mentally challenged dependent child	\$
	For continued care of household or family in the home or immediate family not living in your home	\$
	Birthdays & Christmas Gifts	\$
	Other Expenses not listed – Identify & List amounts	\$
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	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: From employment, trade, profession or business	INDIVIDUAL	SPOUSE
	\$	\$
Calendar year 2018	\$	\$
Calendar year 2019	\$	\$
INCOME: From other sources, including but not limited to, unemployment, workers' compensation, social security, retirement, etc.		
What kind?		
Calendar year 2018	\$	\$
Calendar year 2019	\$	\$

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 WITHIN THE LAST THREE YEARS: If none, circle NONE	From	To
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.

Address	Property Tax/Insurance Escrowed	OWN	Current Market Value	Total Balance ALL Mortgages
	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	Dismissed (√)	Discharged (√)	Date	7 or 13? (Circle)
								7 13
								7 13
								7 13
								7 13

TO BE COMPLETED BY ATTORNEY: Conferred with: Husband Wife Both

Ch7: Ch13: Responsible Attorney: _

H W J Engagement received from: Date: _ Chapter 7 Fee:

Payment: _

Chapter 13 Fee: _

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)

IF A CREDITOR IS ALREADY LISTED ON CREDIT KARMA, YOU DO NOT HAVE TO LIST THE CREDITOR BELOW.

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

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