Consumer Debtor Financial Statement											
Note: Complete all b	olocks, except shaded a	reas. V	Vrite "N/A" (not	applicable) in the	se blocl	ks that d	o not apı	oly.		
1 Debtor(s) name(s) and address			2 Home phone number			3 Marital status					
			4a Debtor's social security nur			ty number 4b Spouse's social			1 security number		
Section I		Em	ployment Info	rmation							
5 Debtor employer or busin	ness (name and address)		v long employed	b Business		number		c Occupa	tion		
				()						
		d Number of exemptions claimed on Form W-4		e Pay period:				Γ Wage earner			
				Payday(Mon-Sun)				Γ Sole proprietor Γ Partner			
6 Spouse's employer or bu	siness (name and address)	a Hov	a How long employed		b Business phone number			c Occupation			
				()						
		d Number of exemptions		e Pay peri	od:				f (Check	appropriate box)	
		claimed on Form W-4		Γ Weekly Γ I			· F				
					Γ Monthly Γ $\left \begin{array}{c} \Gamma \\ \Gamma \end{array} \right $			_	proprietor		
			Payday			(Mon-Sun) Γ Sole proprietor Γ Partner					
Section II Person	Section II Personal Information										
7 Name, address and telephone number of next of kin or other relative 8 Other names or alias 9 Previous address(es)											
Age and relationship of dependents living in your household (exclude yourself and spouse)											
	ral Financial Inforn										
11 Bank accounts (include Name of Institution	savings and loans, credit union Address	ns, IRA a	nd retirement plans, c	ertificates of	deposit, Accour		er bank loa	ins in item	27. Balance		
Name of Institution Address			Type of Account			recount 110.			- Dumileo		
Total (Enter in item 20)											
Type of Account or Card of Financial Institution					Mon Payn	thly	Credit Limit	l l	amount Owed	Credit Available	
							· · · ·		-		

	Totals (E	inter in item 26)							
Section III (continued) General Financial Information									
13 Safe deposit boxes rented or accessed (List all locations, box numbers, and contents)									
14 Real Property (Brief description and type of ownership) Physical Address									
a		rı	hysical Address						
					County				
b									
					County				
c									
					County				
15 Life Insurance (Name of Company)		Policy Number	Type	Face Amount	Available Loan Value				
			Γ Whole						
			Γ Term						
			Γ Whole						
			Γ Term						
			Γ Whole Γ Term						
				Enter in item 22)					
16 Securities (stocks, bonds, mutual funds,	money market funds, governme	ent securities, etc.):							
Kind	Quantity or	Current	W	here	Owner				
	Denomination	Value	Lo	cated	of Record				
17 Other information relating to your finance	rial condition. If you check the	"Vas" hov please give dates s	and explain on p	age / Additional Inf	Cormation or Comments:				
	Γ Yes Γ No		ши схріат оп р	age 4, Additional III	Γ Yes Γ No				
a Court proceedings	1 103 1 110 1	5 Bunkrupteres			1 103 1 110				
c Repossessions	Γ Yes Γ No d	Recent sale or other transfer of	of assets less tha	n full value	Γ Yes Γ No				
The state of the s									
e Anticipated increase in income Γ Yes Γ No Γ Participant or beneficiary to trusts, estate, profit sharing, etc. Γ Yes Γ No									
18 Taxes a Did you file a Federal Income Tax Return last year? Yes No									
Joint Individual Amount of Gross Income on return was									
b Are you or did you receive a tax refund from Federal, State, City or County? Yes No If yes, list from whom and amount of each refund:									
Entity: \$									
Entity: \$									
c Do you owe delinquent taxes? Yes No If yes, list below years and amounts due:									
2 2 2 years and danothing date.									

Section IV A	Assets and Liab			TR **	·		1	D (n
Description		Current Market Value	Current Amount Owed	Equity In Asset	Amount of Monthly Payment	Name and Address of Lien/Note Holder/Lender	Date Pledged	Date of Final Payment
19 Cash								
20 Bank Accounts (from item 11)								
21 Securities (from	item 16)							
22 Cash or loan value of insurance								
23 Vehicles (modes	l, year, license, tag #)							
a								
b								
c								
24 Real	a							
Property (from Section III,	b							
Item 14)	c							
25 Other assets								
a								
b								
c d								
e								
26 Bank revolving credit (from item 12)								
27 Other a								
Liabilities (including	b							
bank loans, judgements,	c							
notes, and charge accounts not entered in item 11)	d							
	e							
	f							
g								
28 Federal taxes owed (prior years)								
29 Totals				\$	\$			

Section V Monthly Income and Expenses								
Total I	ncome	Monthly	Expenses					
Source	Gross		Claimed					
30 Gross wages/salaries (debtor)	\$	41 Rent/mortgage	\$					
31 Gross wages/salaries (spouse)		42 Child support						
32 Interest, dividends		43 Alimony						
33 Net business income		44 Car payment						
34 Rental income		45 Gasoline/auto repairs						
35 Pension (debtor)		46 Electricity						
36 Pension (spouse)		47 Natural gas						
37 Child support		48 Food						
38 Alimony		49 Cable/satellite TV						
39 Other		50 Medical expenses (out-of-pocket)						
		51 Clothing						
		52 Trash						
		53 Other						
40 Total income	\$	54 Total expenses	\$					
		55 (Treasury use only) Net difference (income less necessary living expenses)	\$					
Certification: Under penalties of perjutrue, correct, and complete.	ry, I declare that to the best of	f my knowledge and belief this statement of assets,	liabilities, and other information is					
56 Debtor's signature		57 Spouse's signature (if applicable)	58 Date					