

Bankruptcy Means Test Information

Please fill in the information below using **MONTHLY AMOUNTS**. If additional explanation of the expense is needed, please provide it on an additional page. If the amount is zero, put a zero. If the requested information was provided on the questionnaire or expense sheet, indicate that in the space provided.

Name: _____ Phone No.: _____ Date: _____

1. Income **Please provide 6 months paychecks**

How often are you paid? Weekly Bi-Weekly Semi-Monthly Monthly
 Is each paycheck the same? Yes No
 Name employer and how long employed? _____
 Other income source amount \$ _____

2. Income: Spouse **Please provide 6 months paychecks**

How often are you paid? Weekly Bi-Weekly Semi-Monthly Monthly
 Is each paycheck the same? Yes No
 Name of employer and how long employed? _____
 Other income source amount \$ _____
 If your spouse is not filing Bankruptcy indicate his/her monthly expenses on a separate page showing which are household and which are-non household expenses

3. Health Care Expense: Do not include health care premiums or health savings accounts

Co-pays \$ _____ Dental \$ _____
 Prescriptions \$ _____ Optical \$ _____
 Other \$ _____

4. Real Property Monthly Expenses

Please provide current mortgage statement

<p>Homestead Real Property (residence) Property Address: _____ <hr/> Loan Balance \$ _____ Total Monthly Payments \$ _____ Do payments include taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No Are your payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No Do payments include insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Are your payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a 2nd mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Total Monthly Payments \$ _____ Are your payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a 3rd mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Are your payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have maintenance or association dues? _____ Are your payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Approx value of property from www.zillow.com \$ _____ <hr/> Date of Purchase _____ If yes, how much for taxes? \$ _____ If no, how many months in arrears? _____ If yes, how much for insurance? \$ _____ If no, how many months in arrears? _____ Loan balance \$ _____ If no, how many months in arrears? _____ Loan balance \$ _____ If no, how many months in arrears? _____ If so, how much per month \$ _____ If no, how many months in arrears? _____</p>
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2nd Real Property Monthly Housing Expenses

Approx value of property from www.zillow.com

<p>Property Address _____ <hr/> Loan Balance \$ _____ Total Monthly Payments \$ _____ Do payments include taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No Do payments include insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Are your payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a 2nd mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Are your payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a 3rd mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No Are your payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have maintenance or association dues? _____</p>	<p>\$ _____ <hr/> Date of Purchase _____ If yes, how much for taxes? \$ _____ If yes, how much for insurance? \$ _____ If no, how many months in arrears? _____ Loan balance \$ _____ If no, how many months in arrears? _____ Loan balance \$ _____ If no, how many months in arrears? _____ If so, how much per months? \$ _____</p>
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Are your payments current? Yes No If no, how many months in arrears? _____

For any additional property, please ask for separate Real Estate Info Sheet

5. Car Value & Monthly Expenses

Please provide current car loan statement

Year _____ Make _____ Model _____ Mileage _____
Approximate Value \$ _____ Loan Balance \$ _____
of Payments Left _____ Monthly Payment \$ _____
Are your payments current? Yes No If no, how many months in arrears? _____
Date of Purchase _____

2nd Car Monthly Expenses Year _____ Make _____ Model _____ Mileage _____
Approximate Value \$ _____ Loan Balance \$ _____
of Payments Left _____ Monthly Payment \$ _____
Are your payments current? Yes No If no, how many months in arrears? _____
Date of Purchase _____

Other Necessary Monthly Expenses:

Please indicate monthly amount and whether they are deducted from wages or paid by check

Involuntary Wage Deductions:

Union Dues \$ _____
Mandatory Retirement \$ _____
Uniforms \$ _____
401 K Loan Repays \$ _____

Court Ordered payments amount:

Alimony \$ _____
Child Support \$ _____
Garnishment \$ _____
Other \$ _____

Education for employment or mentally challenged child \$ _____
Child Care \$ _____

Life Insurance Monthly Premium:

Term Policies Only \$ _____ Wage Deduction or Paid by check

6. Additional Expenses

Insurances (whether deducted from wages or paid out of pocket):

\$ _____ Health
\$ _____ Disability
\$ _____ Health Savings Account

\$ _____ Care and Support for Elderly or Disabled
\$ _____ Protection against Family Violence(alarm system)
\$ _____ Charitable Contribution

5.12.2015