

# CLIENT BANKRUPTCY CHAPTER 7 INDIVIDUAL INFORMATION WORKSHEETS

## PERSONAL INFORMATION

**DEBTOR** (husband)

**JOINT DEBTOR** (wife)

**FULL NAME:**

First                  Middle                  Last

First                  Middle                  Last

**STREET ADDRESS:**

**MAILING ADDRESS:**  
(if different)

**CITY, STATE, ZIP**

**COUNTY:**

**SOC. SEC. NO.:**

|  |  |  |
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What **OTHER PERSONAL OR BUSINESS NAMES** (maiden names, etc.) have you used in the last **EIGHT** (8) years?

**OTHER TAX IDS:**

(Business or otherwise)

**PRIOR BANKRUPTCIES:** If a **bankruptcy petition has been previously filed BY you or AGAINST you within the past 8 years**, please list below the location of filing (District: Western Wisc, Minnesota, etc.), date filed and the case number and whether the case (debts) was discharged. If **NONE** write "NONE."

Location of Filing

Date Filed

Case Number

Discharged?

☐ Yes      ☐ No

**PENDING BANKRUPTCIES:** If there are **any bankruptcy cases currently pending against** you, your business, your spouse or your spouse's business, please list below the name of debtor, relation to you, district where filed, date filed and the case number. If **NONE** write "NONE."

Debtor

Relationship

District

Date

Case Number

**Property (Schedule A/B)**

Separately list and describe assets in each category below. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. If more space is needed, attach a separate page to this questionnaire.

## Part A. Residence, Building, Land, Other Real Estate

| Address and Description of Property  | List all mortgages, home equity loans and other liens against the property:<br>Please provide details requested below.   | Estimated Value of Property | Owned by:<br>You, your spouse, both you and your spouse, you and at least one person other than your spouse.  | If you are not the only owner:<br>Please enter the % of the property you own. | Office Use Only<br><i>Exemptions?</i> |
|--|--|-----------------------------|---|---|---------------------------------------|
| <p>Address:</p> <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other:</p> | <p>Who issued the mortgage, lien or loan?<br/><i>(Name and Address)</i></p> <p>What is the amount of the mortgage, lien or loan?</p> <p>What is your current interest rate on the loan?</p> <p>What is your monthly payment?</p> <p>Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many payments are left?</p> |                             | <p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> |   |                                       |
| <p>Address:</p> <p>What is the property? Check all that apply.</p> <p><input type="checkbox"/> Single-family home</p> <p><input type="checkbox"/> Duplex or multi-unit building</p> <p><input type="checkbox"/> Condominium or cooperative</p> <p><input type="checkbox"/> Manufactured or mobile home</p> <p><input type="checkbox"/> Land</p> <p><input type="checkbox"/> Investment property</p> <p><input type="checkbox"/> Timeshare</p> <p><input type="checkbox"/> Other:</p> | <p>Who issued the mortgage, lien or loan?<br/><i>(Name and Address)</i></p> <p>What is the amount of the mortgage, lien or loan?</p> <p>What is your current interest rate on the loan?</p> <p>What is your monthly payment?</p> <p>Does payment include taxes and/or insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>How many payments are left?</p> |                             | <p><input type="checkbox"/> You</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other:</p> |   |                                       |

**Part B. Cars, Vans, Trucks, Tractors, SUVs, Motorcycles, RVs, Watercraft, Aircraft, Motor Homes, ATVs, Other Vehicles**

| Type of Property   | Do you own this type of property?                               | Description<br><br><b>Year, Make, Model &amp; Mileage must be filled in below</b>      | Value of Property | Owned by:<br>You, your spouse, both you and your spouse, you and at least one person other than your spouse.                         | Office Use Only<br>Exemptions? |
|--|---|--|-------------------|--|--------------------------------|
| Vehicle #1   | <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes | Year: _____<br>Make: _____<br>Model: _____<br>Mileage: _____<br><br>Other Information: |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Vehicle #2   | <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes | Year: _____<br>Make: _____<br>Model: _____<br>Mileage: _____<br><br>Other Information: |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Vehicle #3   | <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes | Year: _____<br>Make: _____<br>Model: _____<br>Mileage: _____<br><br>Other Information: |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Watercraft/Aircraft/Motor Homes/ATVs/Other ( <i>list year, make, and model</i> ) | <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes |  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |

## Part C. Personal and Household Items

| Type of Property  | Do you own this type of property?                           | Description<br><br><b>The description column must be filled out as instructed for each type of property. FAILURE TO DO SO WILL DELAY YOUR CASE. See page 12, for examples of personal property, etc.</b> | Value of Property | Owned by:<br>You, your spouse, both you and your spouse, you and at least one person other than your spouse.                         | Office Use Only<br>Exemptions? |
|---|---|--|-------------------|--|--------------------------------|
| Household Goods and Furnishings ( <i>Major appliances, furniture, linens, china, kitchenware, etc.</i> )          | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | Provide a detailed list of items below:  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Electronics ( <i>TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.</i> )                | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | Provide a detailed list of items below:  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Collectibles of value ( <i>art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.</i> ) | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | Provide a detailed list of items below:  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Sports, photo, exercise, and other hobby equipment; musical instruments   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | Provide a detailed list of items below:  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Firearms, ammunition, and related equipment   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | Provide a detailed list of items below:  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Clothing ( <i>everyday clothes, furs, leather coats, designer wear, shoes, accessories</i> )                      | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Jewelry   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | Provide a detailed list of items below:  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Pets/non-farm animals   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | Provide list of animals below:   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |

| Type of Property                                     | Do you own this type of property?                           | Description  | Value of Property | Owned by:  | Office Use Only |
|--|---|--|-------------------|--|-----------------|
|  |   | The description column must be filled out as instructed for each type of property. <b>FAILURE TO DO SO WILL DELAY YOUR CASE.</b> |                   | You, your spouse, both you and your spouse, you and at least one person other than your spouse.                                      | Exemptions?     |
| Health aids and all other household items not listed | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | Provide a detailed list of items below:  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                 |

#### Part D. Financial Assets

| Type of Property  | Do you own this type of property?                           | Description  | Value of Property | Owned by:  | Office Use Only |
|---|---|--|-------------------|--|-----------------|
|   |   | The description column must be filled out as instructed for each type of property. <b>FAILURE TO DO SO WILL DELAY YOUR CASE.</b> |                   | You, your spouse, both you and your spouse, you and at least one person other than your spouse.                                      | Exemptions?     |
| Cash ( <i>spare change/money in your purse or wallet, cash not in accounts</i> )      | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                 |
| Checking account #1 ( <i>list name(s) on account, bank name, and account number</i> ) | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                 |
| Checking account #2 ( <i>list name(s) on account, bank name, and account number</i> ) | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                 |
| Savings account #1 ( <i>list name(s) on account, bank name, and account number</i> )  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                 |
| Savings account #2 ( <i>list name(s) on account, bank name, and account number</i> )  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |  |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                 |

| Type of Property  | Do you own this type of property?                           | Description<br><b>The description column must be filled out as instructed for each type of property. FAILURE TO DO SO WILL DELAY YOUR CASE.</b> | Value of Property | Owned by:<br>You, your spouse, both you and your spouse, you and at least one person other than your spouse.                         | Office Use Only<br>Exemptions? |
|---|---|---|-------------------|--|--------------------------------|
| Certificate of deposit <i>(list name(s) on account, bank name, and account number)</i>  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Other financial account #1 <i>(list name(s) on account, bank name, and account number)</i>  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Other financial account #2 <i>(list name(s) on account, bank name, and account number)</i>  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Other financial account #3 <i>(list name(s) on account, bank name, and account number)</i>  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Other financial account #4 <i>(list name(s) on account, bank name, and account number)</i>  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Bonds, mutual funds, and publicly traded stocks   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Non-publicly traded stocks and interests in businesses, corporations, LLCs, partnerships, and joint ventures <i>(list % of ownership)</i> | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Government and corporate bonds and instruments <i>(including U.S. Savings Bonds)</i>  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |

| Type of Property  | Do you own this type of property?                           | Description<br><b>The description column must be filled out as instructed for each type of property. FAILURE TO DO SO WILL DELAY YOUR CASE.</b> | Value of Property | Owned by:<br>You, your spouse, both you and your spouse, you and at least one person other than your spouse.                         | Office Use Only<br>Exemptions? |
|---|---|---|-------------------|--|--------------------------------|
| Retirement, pension, or profit-sharing plan #1 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held) | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Retirement, pension, or profit-sharing plan #2 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held) | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Retirement, pension, or profit-sharing plan #3 (IRA, 401(k), 403(b), thrift savings account, or other pension or profit-sharing plan) (list type of plan and where the account is held) | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Security deposits (typically with landlord or utility) (list holder)  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Prepayments (prepaid rent, layaway, gift cards, etc.)   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Annuities (list company)  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Education IRA, Sec. 529 or Sec. 530 account, state tuition plan   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Trusts, life estates, future, and equitable interests in property or assets   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |

| Type of Property   | Do you own this type of property?                           | Description<br><b>The description column must be filled out as instructed for each type of property. FAILURE TO DO SO WILL DELAY YOUR CASE.</b> | Value of Property | Owned by:<br>You, your spouse, both you and your spouse, you and at least one person other than your spouse.                         | Office Use Only<br>Exemptions? |
|--|---|---|-------------------|--|--------------------------------|
| Patents, copyrights, trademarks, trade secrets, and other intellectual property  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Licenses, franchises, and other general intangibles  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Tax refunds owed to you ( <i>list years due</i> )  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Alimony and child support  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Other amounts someone owes you ( <i>unpaid wages, disability benefits, sick pay, vacation pay, workers' compensation, unpaid loans made by you, etc.</i> ) | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Cash value of insurance policies ( <i>whole or universal life, health, disability, HSA, etc.</i> ) ( <i>list insurance company and beneficiary</i> )       | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Inheritances, estate distributions, and death benefits   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |
| Personal injury claims or awards   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |   |                   | <input type="checkbox"/> You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br><input type="checkbox"/> Other: |                                |



| Type of Property                               | Do you own this type of property? | Description | Value of Property | Owned by:<br>You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only<br>Exemptions? |
|--|-----------------------------------|-------------|-------------------|--|--------------------------------|
| Lawsuits or claims against anyone for anything | No<br><br>Yes                     |             |                   | You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br>Other:                           |                                |
| All other claims or rights to sue someone      | No<br><br>Yes                     |             |                   | You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br>Other:                           |                                |
| Any other financial asset not listed           | No<br><br>Yes                     |             |                   | You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br>Other:                           |                                |

#### Part E. Business-Related Assets

| Type of Property   | Do you own this type of property? | Description | Value of Property | Owned by:<br>You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only<br>Exemptions? |
|--|-----------------------------------|-------------|-------------------|--|--------------------------------|
| Accounts receivable or commissions earned ( <i>list</i> )                                  | No<br><br>Yes                     |             |                   | You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br>Other:                           |                                |
| Office equipment, furnishings, and supplies ( <i>list</i> )                                | No<br><br>Yes                     |             |                   | You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br>Other:                           |                                |
| Machinery, fixtures, equipment, business supplies, and tools of your trade ( <i>list</i> ) | No<br><br>Yes                     |             |                   | You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br>Other:                           |                                |

| Type of Property   | Do you own this type of property? | Description | Value of Property | Owned by:<br>You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only<br>Exemptions? |
|--|-----------------------------------|-------------|-------------------|--|--------------------------------|
| Business inventory ( <i>list</i> )   | No<br><br>Yes                     |             |                   | You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br>Other:                           |                                |
| Interests in partnerships or joint ventures ( <i>name and type of business, % interest</i> ) | No<br><br>Yes                     |             |                   | You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br>Other:                           |                                |
| Customer and mailing lists   | No<br><br>Yes                     |             |                   | You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br>Other:                           |                                |
| Other business-related property not already listed   | No<br><br>Yes                     |             |                   | You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br>Other:                           |                                |

#### Part F. Farm and Commercial Fishing-Related Property

| Type of Property   | Do you own this type of property? | Description | Value of Property | Owned by:<br>You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only<br>Exemptions? |
|--|-----------------------------------|-------------|-------------------|--|--------------------------------|
| Farm animals ( <i>livestock, poultry, farm-raised fish, etc.</i> ) | No<br><br>Yes                     |             |                   | You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br>Other:                           |                                |
| Crops ( <i>growing or harvested</i> )                              | No<br><br>Yes                     |             |                   | You<br><input type="checkbox"/> Spouse<br><input type="checkbox"/> Joint<br>Other:                           |                                |

| Type of Property   | Do you own this type of property? | Description | Value of Property                                    | Owned by:<br>You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only<br>Exemptions? |
|--|-----------------------------------|-------------|--|--|--------------------------------|
| Farm and commercial fishing equipment, implements, machinery, fixtures, and tools of trade ( <i>list</i> ) | No<br><br>Yes                     |             | <input type="checkbox"/><br><input type="checkbox"/> | You<br>Spouse<br>Joint<br>Other:   |                                |
| Farm and commercial fishing supplies, chemicals, and feed ( <i>list</i> )                                  | No<br><br>Yes                     |             | <input type="checkbox"/><br><input type="checkbox"/> | You<br>Spouse<br>Joint<br>Other:   |                                |

### Part G. Miscellaneous

| Type of Property                                     | Do you own this type of property? | Description | Value of Property                                    | Owned by:<br>You, your spouse, both you and your spouse, you and at least one person other than your spouse. | Office Use Only<br>Exemptions? |
|--|-----------------------------------|-------------|--|--|--------------------------------|
| All other property of any kind not previously listed | No<br><br>Yes                     |             | <input type="checkbox"/><br><input type="checkbox"/> | You<br>Spouse<br>Joint<br>Other:   |                                |

## YOUR HOUSEHOLD INVENTORY

Please Indicate whether you currently own the items listed below. Then, provide the REPLACEMENT VALUE for each Item. For property acquired for personal or family use, the replacement value is the price a retail merchant (consignment shop, eBay, etc.) would charge for property of that kind CONSIDERING THE AGE AND CONDITION OF THE PROPERTY.

| Yes | No |                         | Current Value |
|-----|----|-------------------------|---------------|
|     |    | Stove/Oven              |               |
|     |    | Dishwasher              |               |
|     |    | Microwave               |               |
|     |    | Refrigerator            |               |
|     |    | Freezer                 |               |
|     |    | Kitchenware             |               |
|     |    | Armoire                 |               |
|     |    | Washer/Dryer            |               |
|     |    | Dining Table & Chairs   |               |
|     |    | Lamps                   |               |
|     |    | Couch                   |               |
|     |    | Loveseat                |               |
|     |    | Recliner(s)             |               |
|     |    | Entertainment Center(s) |               |
|     |    | End table(s)            |               |
|     |    | Coffee table(s)         |               |
|     |    | Bed                     |               |
|     |    | Nightstand(s)           |               |
|     |    | Antiques                |               |
|     |    | Collectibles            |               |
|     |    | CDs/DVDs                |               |
|     |    |                         |               |
|     |    | Wedding Rings           |               |
|     |    | Engagement Rings        |               |
|     |    | Watches                 |               |
|     |    | Costume Jewelry         |               |
|     |    |                         |               |
|     |    |                         |               |

| Yes | No |                         | Current Value |
|-----|----|-------------------------|---------------|
|     |    | Televisions             |               |
|     |    | VCR                     |               |
|     |    | DVD/Blu-ray Player      |               |
|     |    | Speakers                |               |
|     |    | Stereo                  |               |
|     |    | Computer(s)             |               |
|     |    | Printer(s)              |               |
|     |    | Scanner(s)              |               |
|     |    | Desk/Office furniture   |               |
|     |    |                         |               |
|     |    | Photographic Equipment* |               |
|     |    | Exercise Equipment*     |               |
|     |    | Fishing Equipment*      |               |
|     |    | Camping Equipment*      |               |
|     |    | Golf Clubs              |               |
|     |    | Bicycles                |               |
|     |    | Firearms (describe)*    |               |
|     |    |                         |               |
|     |    | Lawnmower               |               |
|     |    | Snow blower             |               |
|     |    | Yard tools/equipment    |               |
|     |    | Misc. hand tools        |               |
|     |    | Mechanic tools*         |               |
|     |    | Carpenter tools*        |               |
|     |    |                         |               |
|     |    |                         |               |
|     |    |                         |               |

Please use this space to describe any of the following items above that you may have that are marked with an asterisk.

**SCHEDULE D: SECURED DEBTS**

| <b>Creditors' Name/Full Address</b><br><b>USE CORRESPONDENCE</b><br><b>ADDRESS(NOT PAYMENT)</b> | <b>Other agencies or persons involved</b><br><b>NAME &amp; FULL ADDRESS</b><br>(collect agencies, co-debtor, etc.) | <b>Account #</b><br><b>Date incurred</b> | <b>Describe Debt</b><br>(First Mortgage, auto<br>loan, real estate taxes) | <b>Owner</b><br>H: husb<br>W: wife<br>J: joint | <b>Balance Owed</b> |
|---|--|--|---|--|---------------------|
| <b>Mortgages (1<sup>st</sup>/2<sup>nd</sup>) on Residences</b>                                  |  | <u>FULL Acct #</u>                       |   |  |                     |
|   |  | <u>Date debt made</u>                    |   |  |                     |
| <b>Mortgages (1<sup>st</sup>/2<sup>nd</sup>) on Residences</b>                                  |  | <u>FULL Acct #</u>                       |   |  |                     |
|   |  | <u>Date debt made</u>                    |   |  |                     |
| <b>Automobile Loans</b>   |  | <u>FULL Acct #</u>                       |   |  |                     |
|   |  | <u>Date debt made</u>                    |   |  |                     |
| <b>Automobile Loans</b>   |  | <u>FULL Acct #</u>                       |   |  |                     |
|   |  | <u>Date debt made</u>                    |   |  |                     |
| <b>Real Estate Taxes</b>  |  | <u>Parcel #</u>                          |   |  |                     |
|   |  |  |   |  |                     |

**SCHEDULE E: PRIORITY DEBTS** (student loans, fines, income taxes)

| Creditors' Name/Full Address<br><b>USE CORRESPONDENCE ADDRESS, NOT PAYMENT</b> | Other agencies or persons involved<br>NAME & FULL ADDRESS<br>(collect agencies, co-debtor, etc.) | Account #<br>Date incurred | Describe Debt<br>(income taxes, student loan, restitution, etc.) | Owner<br>H: husb<br>W: wife<br>J: joint | Balance Owed |
|--|--|----------------------------|--|---|--------------|
|  |  | <u>Acct #</u>              |  |   |              |
|  |  | <u>Date debt made</u>      |  |   |              |
|  |  | <u>Acct #</u>              |  |   |              |
|  |  | <u>Date debt made</u>      |  |   |              |

**SCHEDULE F: UNSECURED DEBT** (Credit cards, other bills)

**NOTE:** When listing Collection Agencies, original creditor's FULL Name & address must also be supplied to ensure discharge of debt. *If you provide us with copies all three credit reports for each debtor and all bills, collection letters, etc. we can complete this section for you.*

| Creditors' Name/Full Address<br><b>USE CORRESPONDENCE ADDRESS, NOT PAYMENT</b> | Other agencies<br>Or persons involved<br>NAME & FULL ADDRESS<br>(collect agencies, co-debtor, etc.) | Account # And<br><b>FOR CREDIT CARDS:</b><br>provide last date used | Describe Debt<br>(credit card, medical bills, personal loan, line of credit, etc.) | Owner<br>H: husb<br>W: wife<br>J: joint | Balance Owed |
|--|---|---|--|---|--------------|
|  |   | <u>Acct #</u>   |  |   |              |
|  |   | <b>Last date used:</b>  |  |   |              |
|  |   | <u>Acct #</u>   |  |   |              |
|  |   | <b>Last date used:</b>  |  |   |              |

**SCHEDULE F: UNSECURED DEBT** (Credit cards, other bills)

**NOTE:** When listing Collection Agencies, original creditor's FULL Name & address must also be supplied to ensure discharge of debt. *If you provide us with copies all three credit reports for each debtor and all bills, collection letters, etc. we can complete this section for you.*

| Creditors' Name/Full Address<br><b>USE CORRESPONDENCE ADDRESS, NOT PAYMENT</b> | Other agencies<br>Or persons involved<br>NAME & FULL ADDRESS<br>(collection agencies, co-debtor, etc.) | Account # And<br><b>FOR CREDIT CARDS:</b><br>Provide Last Date Used | Describe Debt<br>(credit card, medical bills, personal loan, line of credit, etc.) | Owner<br>H: husb<br>W: wife<br>J: joint | Balance Owed |
|--|--|---|--|---|--------------|
|  |  | <u>Acct #</u>   |  |   |              |
|  |  | <b>Last date used:</b>  |  |   |              |
|  |  | <u>Acct #</u>   |  |   |              |
|  |  | <b>Last date used:</b>  |  |   |              |
|  |  | <u>Acct #</u>   |  |   |              |
|  |  | <b>Last date used:</b>  |  |   |              |
|  |  | <u>Acct #</u>   |  |   |              |
|  |  | <b>Last date used:</b>  |  |   |              |
|  |  | <u>Acct #</u>   |  |   |              |
|  |  | <b>Last date used:</b>  |  |   |              |
|  |  | <u>Acct #</u>   |  |   |              |
|  |  | <b>Last date used:</b>  |  |   |              |
| <i>Make additional copies of this page as needed for additional creditors</i>  |  |   |  |   |              |
|  |  |   |  |   |              |

**SCHEDULE G: LEASES OR CONTRACTS**

List below any leases or contracts that are still current that you are a party to. Include residential, car and business leases and service or business contracts.

| Name & Address of Leaser | Nature/Description of contract | Date Contract Expires |
|--------------------------|--------------------------------|-----------------------|
|                          |                                |                       |
|                          |                                |                       |

**SCHEDULE H: CO-DEBTORS**

| Name & Address of Co-Debtor | Debt on which this person is Co-Debtor |
|-----------------------------|--|
|                             |  |
|                             |  |

**SCHEDULE I: DEPENDENT & INCOME INFORMATION** List your gross income per month, per source of income (i.e. wages, child support, social security, disability, etc.), for the last 6 months.

**MARITAL STATUS**

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

**DEPENDENT INFORMATION**

| DEPENDENT'S NAME<br>(if you have primary placement or caregiver) | AGE | RELATIONSHIP |
|--|-----|--------------|
|  |     |              |
|  |     |              |
|  |     |              |
|  |     |              |
|  |     |              |

**EMPLOYMENT INFORMATION** List all employers for both Debtor (Husband) and Joint Debtor (Wife).

|                         |  |  |  |  |
|-------------------------|--|--|--|--|
| Who (Husband/Wife?)     |  |  |  |  |
| Occupation (Job title)  |  |  |  |  |
| Length of employment    |  |  |  |  |
| Employer's name         |  |  |  |  |
| Employer's FULL address |  |  |  |  |



# Your Expenses

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number(if known). Answer every question.

1. Is this a joint case?

☐ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must complete their own separate expenses form.

2. Do you have dependents?

☐ No. Go to line 2.

☐ Yes. Fill out this information for each dependent:

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

3. Do your expenses include expenses of people other than yourself and your dependents? ☐ Yes ☐ No

## Estimate Your Ongoing Monthly Expenses

4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

4. \$ \_\_\_\_\_

**If not included in line 4:**

4a. Real estate taxes

4a. \$ \_\_\_\_\_

4b. Property, homeowner's, or renter's insurance

4b. \$ \_\_\_\_\_

4c. Home maintenance, repair and upkeep expenses

4c. \$ \_\_\_\_\_

4d. Homeowner's association or condominium dues

4d. \$ \_\_\_\_\_

5. **Additional mortgage payments for your residence**, such as home equity loans

5. \$ \_\_\_\_\_

6. **Utilities:**

6a. Electricity, heat, natural gas

6a. \$ \_\_\_\_\_

6b. Water, sewer, garbage collection

6b. \$ \_\_\_\_\_

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ \_\_\_\_\_

6d. Other. Specify: \_\_\_\_\_

6d. \$ \_\_\_\_\_

7. **Food and housekeeping supplies**

7. \$ \_\_\_\_\_

8. **Childcare and children's education costs**

8. \$ \_\_\_\_\_

9. **Clothing, laundry, and dry cleaning**

9. \$ \_\_\_\_\_

10. **Personal care products and services**

10. \$ \_\_\_\_\_

11. **Medical and dental expenses**

11. \$ \_\_\_\_\_

12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.

12. \$ \_\_\_\_\_

13. **Entertainment, clubs, recreation, newspapers, magazines, and books**

13. \$ \_\_\_\_\_

14. **Charitable contributions and religious donations**

14. \$ \_\_\_\_\_

15. **Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life Insurance

15a. \$ \_\_\_\_\_

15b. Health Insurance

15b. \$ \_\_\_\_\_

15c. Vehicle Insurance

15c. \$ \_\_\_\_\_

15d. Other Insurance. Specify: \_\_\_\_\_

15d. \$ \_\_\_\_\_

16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: \_\_\_\_\_ 16. \$ \_\_\_\_\_
17. **Installment or lease payments:**  
 17a. Car payments for Vehicle 1 17a. \$ \_\_\_\_\_  
 17b. Car payments for Vehicle 2 17b. \$ \_\_\_\_\_  
 17c. Other. Specify: \_\_\_\_\_ 17c. \$ \_\_\_\_\_  
 17d. Other. Specify: \_\_\_\_\_ 17d. \$ \_\_\_\_\_
18. **Your payments of alimony, maintenance, and support that is not deducted from your pay.** 18. \$ \_\_\_\_\_
19. **Other payments you make to support others who do not live with you.** 19. \$ \_\_\_\_\_  
Specify: \_\_\_\_\_
20. **Other real property expenses not included in lines 4 or 5 of this form.**  
 20a. Mortgages on other property 20a. \$ \_\_\_\_\_  
 20b. Real estate taxes 20b. \$ \_\_\_\_\_  
 20c. Property, homeowner's, or renter's insurance 20c. \$ \_\_\_\_\_  
 20d. Maintenance, repair, and upkeep expenses 20d. \$ \_\_\_\_\_  
 20e. Homeowner's association or condominium dues 20e. \$ \_\_\_\_\_
21. **Other.** Specify: \_\_\_\_\_ 21. \_\_\_\_\_
22. Calculate your monthly expenses. Add lines 4 through 21. 22. \_\_\_\_\_

23. Do you expect an increase or decrease in your expenses within the year after you file this form?  
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ Yes ☐ No

Explain Here: \_\_\_\_\_

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## FORM 7: STATEMENT OF FINANCIAL AFFAIRS

1. **ANNUAL INCOME** from **employment** or operation of business for the past **TWO** full years plus the year-to-date amount for the current year. (take from W-2's)

| Name of Source | Husband/Wife | ANNUAL \$ Amount | Year |
|----------------|--------------|------------------|------|
|                |              |                  |      |
|                |              |                  |      |
|                |              |                  |      |
|                |              |                  |      |
|                |              |                  |      |
|                |              |                  |      |
|                |              |                  |      |
|                |              |                  |      |

2. **ANNUAL INCOME** from sources **other than employment** for the past **TWO** full years plus the year-to-date amount for the current year. (Unemployment, alimony, maintenance, support, retirement fund or insurance policy cash outs, etc.)

| Name of Source | Husband/Wife | ANNUAL \$ Amount | Year |
|----------------|--------------|------------------|------|
|                |              |                  |      |
|                |              |                  |      |
|                |              |                  |      |
|                |              |                  |      |
|                |              |                  |      |
|                |              |                  |      |
|                |              |                  |      |
|                |              |                  |      |

- 3a. If your debts are primary consumer debts, list all payments on loans, installment purchases of goods or services, and other debts, totaling **more than \$600** to any creditor made during the 90 days just prior to filing this bankruptcy. (Include payments made on Mortgage and automobiles).

| Creditor's Name & <b>COMPLETE</b> Address | Dates paid | Amount paid | Balance |
|---|------------|-------------|---------|
|   |            |             |         |
|   |            |             |         |
|   |            |             |         |

- 3b. If your debts are primarily consumer debts, list all payments or transfers totaling **more than \$5,000** to any creditor made during the 90 days just prior to filing this bankruptcy.

| Creditor's Name & <b>COMPLETE</b> Address | Dates paid | Amount paid | Balance |
|---|------------|-------------|---------|
|   |            |             |         |
|   |            |             |         |

## FORM 7: STATEMENT OF FINANCIAL AFFAIRS

- 3c. List all payments made **within 1 year** just prior to filing this bankruptcy to creditors who were “insiders.” (“Insiders” include your relatives, your business partners and their relatives, your corporations, or your affiliates)

| Creditor's Name & <b><u>COMPLETE</u></b> Address | Dates paid | Amount paid | Balance |
|--|------------|-------------|---------|
|  |            |             |         |
|  |            |             |         |
|  |            |             |         |

- 4a. List all **LAW SUITS** against you or by you within the last 12 months just prior to filing this bankruptcy (attach separate sheet if necessary).

| Suit Caption | Case # | Nature | Court & address | Status/disposition |
|--------------|--------|--------|-----------------|--------------------|
|              |        |        |                 |                    |
|              |        |        |                 |                    |
|              |        |        |                 |                    |

- 4b. **DESCRIBE ANY PROPERTY** that has been garnished, attached or seized by any creditor during the past 12 months just prior to filing this bankruptcy.

| Creditor Name & <b><u>COMPLETE</u></b> Address | Date of Seizure | Property Description & Value |
|--|-----------------|------------------------------|
|  |                 |                              |
|  |                 |                              |

5. **LIST ALL PROPERTY** that has been repossessed, foreclosed on or voluntarily returned to a creditor during the past 12 months just prior to filing this bankruptcy.

| Creditor Name & <b><u>COMPLETE</u></b> Address | Date of Reposs. | Property Description & Value |
|--|-----------------|------------------------------|
|  |                 |                              |
|  |                 |                              |

- 6a. Describe any assignment of property for the benefit of creditors made within the last 120 days. On a separate sheet list the name and address of assignee, date of assignment and terms of assignment or settlement.
- 6b. List all property which has been in the hands of a custodian, receiver, or court-appointed official during the past year. On a separate sheet list the name and address of custodian, name and location of court, case title and number, date of order, description and value of property.

## FORM 7: STATEMENT OF FINANCIAL AFFAIRS

7. List all gifts or charitable contributions made within the last year just prior to filing this bankruptcy except ordinary and usual gifts to family members whose value is less than \$200 per family member and less than \$100 per charitable recipient.

| Recipient's Name & <u>COMPLETE</u> Address | Relationship to Debtor | Date of gift | Description/Value Of gift |
|--|------------------------|--------------|---------------------------|
|  |                        |              |                           |
|  |                        |              |                           |

8. List all losses from fire, theft, other casualty or gambling during the past year. On a separate sheet list the description and value of property, circumstance of loss, if loss was covered by insurance (give particulars) and date of loss.
9. List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within the last year just prior to filing this bankruptcy.

| Payee Name & <u>COMPLETE</u> Address | Date of Payment & Payor | Amount Paid or Value of property transferred |
|--------------------------------------|-------------------------|--|
|                                      |                         |  |
|                                      |                         |  |

- 10a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within the last two years just prior to filing this bankruptcy to a creditor or family member (including sale of your property).

| Transferee Name & <u>COMPLETE</u> Address & relationship | Date | Describe property transferred and value received |
|--|------|--|
|  |      |  |
|  |      |  |

- 10b. List all property you transferred within 10 years just prior to filing this bankruptcy to a self-settled trust, or similar device of which you are the beneficiary.

11. List all financial accounts and instruments held by or for the benefit of the debtor which were closed, sold or otherwise transferred within 1 year just prior to filing this bankruptcy. Include checking, savings, or other financial accounts, CDs, shares and share accounts held in banks, credit unions, pension funds, brokerage houses, etc.

| Institution Name & <u>COMPLETE</u> Address | Account type & No. | Date & Amount at closing |
|--|--------------------|--------------------------|
|  |                    |                          |
|  |                    |                          |

### FORM 7: STATEMENT OF FINANCIAL AFFAIRS

12. List each **safe deposit or other box or depository** in which you have had valuables within the past year just prior to filing this bankruptcy.

| Institution Name & <b><u>COMPLETE</u></b> Address | Who has access?<br>(Name & Address) | Describe contents | Date of transfer<br>Surrender |
|---|-------------------------------------|-------------------|-------------------------------|
|   |                                     |                   |                               |
|   |                                     |                   |                               |

13. List **all setoffs** (money taken from an account to repay a loan at the same bank as where your money has been deposited) made by any creditor, including a bank, against a debt of the debtor **within the past 90 days** just prior to filing this bankruptcy.

| Creditor Name & <b><u>COMPLETE</u></b> Address | Date of Setoff | Amount of Setoff |
|--|----------------|------------------|
|  |                |                  |
|  |                |                  |

14. List all property **OWNED** by another person that the debtor (you or you and your spouse) holds or controls.

| Creditor Name & <b><u>COMPLETE</u></b> Address | Describe property | Location of property |
|--|-------------------|----------------------|
|  |                   |                      |
|  |                   |                      |

15. If you have **moved within the last 3 years**, list all premises occupied and vacated during that period.

| Address | Name used | Dates of occupancy |
|---------|-----------|--------------------|
|         |           |                    |
|         |           |                    |

16. If you reside or resided in Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin within the last **8 years** just prior to filing this bankruptcy, identify the name of your spouse and of any former spouse who resides or resided with you.

| Name |
|------|
|      |

### FORM 7: STATEMENT OF FINANCIAL AFFAIRS

17a. List the name and address of every site for which you have received notice in writing by a governmental unit that you be liable or potentially liable for under or in violation of an **Environmental Law**. Indicate the governmental unit, the date of the notice, and if known, the Environmental Law.

"Environmental Law" means any federal, state or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

| Site Name & <b><u>COMPLETE</u></b><br>Address | Name & address of<br>governmental unit | Date of notice | Environmental Law |
|---|--|----------------|-------------------|
|   |  |                |                   |
|   |  |                |                   |

17b. List the name and address of every site for which you provided notice to a governmental unit of a release of **Hazardous Material**. Indicate the governmental unit, the date of the notice, and if known, the Environmental Law.

| Site Name & <b><u>COMPLETE</u></b><br>Address | Name & address of<br>governmental unit | Date of notice | Environmental Law |
|---|--|----------------|-------------------|
|   |  |                |                   |
|   |  |                |                   |

17c. List all judicial or administrative proceedings, including settlements or orders, under any **Environmental Law** with respect to which you are or were a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| Name & address of governmental unit | Docket No. | Status or Disposition |
|-------------------------------------|------------|-----------------------|
|                                     |            |                       |
|                                     |            |                       |

## FORM 7: STATEMENT OF FINANCIAL AFFAIRS

18a. If you are an individual, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates **of all businesses** in which you were an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or were a self-employed professional within the last six years, or in which you owned 5 percent or more of the voting or equity securities within the last six years.

If you are a partnership, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which you were a partner or owned 5 percent or more of the voting or equity securities within the last six years.

If you are a corporation, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the last six years.

| Name | Taxpayer ID No. | Address | Name of business | Begin & End dates |
|------|-----------------|---------|------------------|-------------------|
|      |                 |         |                  |                   |
|      |                 |         |                  |                   |

18b. Identify any **business** listed above that is "single asset real estate."

| Name | Address |
|------|---------|
|      |         |
|      |         |

19. During the last 3 years, have you lived anywhere other than where you live now?

☐ No

☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor/Address: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Debtor/Address: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Joint Debtor/Address: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Joint Debtor/Address: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

-