

Dependants

Do you have any Dependants who are living with you? Yes No If Yes, complete below:

	Name	Age	Relationship
1			
2			
3			
4			
5			

Income

	Debtor	Spouse
Employer's Name		
Employer's Address		
Employer's City, State, Zip		
Occupation		
How Long have you been there?		
Pay Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x per Month <input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x per Month <input type="checkbox"/> Monthly

Gross Pay per Pay Period		
Estimated Overtime per Pay Period		
.....SUBTOTAL		
Taxes (Federal, State, Social Security, Medicare)		
Medical & Dental & Life Insurance		
Union Dues		
Pension Deduction		
401(k) Deduction		
401(k) Loan Repayment		
Credit Union Deduction		
Child Support Deduction		
.....NET PAY		

Regular income (from Operation of Business)		
Income From Rental Properties		
Regular Interest and/or Dividends		
Alimony / Support / Maint. Income		
Social Security Income		
Other Gov't Assist. _____		
Pension/Retirement Income		
Other _____		
.....TOTAL		

Do you expect any increase or decrease in income over 10% over the next year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
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Monthly Expenses

Rent payment	\$	Life Insurance (monthly)	\$
Mortgage Payment	\$	Health Insurance (if not deducted from paycheck)	\$
Second Mortgage Payment	\$	Automobile Insurance (monthly)	\$
Third Mortgage Payment	\$	Renter's Insurance (monthly)	\$
Are real estate taxes included in payment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list monthly amount →	\$	Taxes (if not deducted from paycheck)	\$
Is home insurance included in payment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list monthly amount →	\$	Vehicle Payment #1	\$
Home Owner's Association Payment	\$	Vehicle Payment #2	\$
Electricity Bill (monthly)	\$	Vehicle Payment #3	\$
Natural Gas Bill (monthly)	\$	Auto Repairs / Auto Maintenance	\$
Water & Sewer Bill (monthly)	\$	Student Loan Payment(s)	\$
Home Phone Bill (monthly)	\$	Alimony Paid (monthly)	\$
Cell Phone Bill (monthly)	\$	Child Support Paid (monthly)	\$
Cable / Satellite Bill (monthly)	\$	Haircuts / Personal Care	\$
Internet Bill (monthly)	\$	Childcare / Babysitting	\$
Home Maintenance (monthly)	\$	Tuition / School Expenses – for your children	\$
Food / Groceries (monthly)	\$	Tuition / School Expenses – for yourself	\$
Clothing (monthly)	\$	After-school / Recreation Programs – for your children	\$
Laundry & Dry Cleaning (monthly)	\$	School Lunches	\$
Medical & Dental Expenses (monthly)	\$	Postage	\$
Gasoline (monthly)	\$	Other _____	\$
Other Transportation (Bus/Train) (monthly)	\$	Other _____	\$
Tolls (monthly)	\$	Other _____	\$
Parking (monthly)	\$	Other _____	\$
Recreation / Entertainment (monthly)	\$	Other _____	\$
Charitable Contributions (monthly)	\$	Other _____	\$

I/We have completed the forms honestly and completely to the best of my/our knowledge. I/we understand that any legal advice and/or recommendations made by Ledford & Wu are based on the information I/we have provided. It is my/our responsibility to provide honest and complete information to Ledford & Wu. I/we agree to hold Ledford & Wu harmless in the event the information provided is false or incorrect.

X _____
Debtor

Date _____

X _____
Spouse

Date _____