

BANKRUPTCY DATA

Have you ever filed bankruptcy? If so, list all prior (resolved) bankruptcies within the last six years:

<i>Date Filed</i>	<i>Location Filed</i>	<i>Case Number</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all pending bankruptcies filed by any spouse, partner or affiliate:

_____	_____	_____
<i>(Name of Debtor)</i>	<i>(Relationship)</i>	<i>(Date Filed)</i>
_____	_____	_____
<i>(Judge)</i>	<i>(Location Filed)</i>	<i>(Case Number)</i>
_____	_____	_____
<i>(Name of Debtor)</i>	<i>(Relationship)</i>	<i>(Date Filed)</i>
_____	_____	_____
<i>(Judge)</i>	<i>(Location Filed)</i>	<i>(Case Number)</i>
_____	_____	_____
<i>(Name of Debtor)</i>	<i>(Relationship)</i>	<i>(Date Filed)</i>
_____	_____	_____
<i>(Judge)</i>	<i>(Location Filed)</i>	<i>(Case Number)</i>

DEPENDENTS

<i>Name</i>	<i>Age</i>	<i>Relationship</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT DATA

	<i>Applicant (Husband, if Joint)</i>	<i>Spouse (Wife, if Joint)</i>
Occupation or Job Title:	_____	_____
Name of Employer:	_____	_____
Address of Employer:	_____	_____
	<i>(Street)</i>	<i>(Street)</i>
	_____	_____
	<i>(City)</i>	<i>(City)</i>
	_____	_____
	<i>(State)</i>	<i>(State)</i>
	<i>(Zip Code)</i>	<i>(Zip Code)</i>
Duration Employed:	_____	_____
Social Security Number:	_____ - _____ - _____	_____ - _____ - _____

APPLICANT'S INCOME DATA
(HUSBAND, IF JOINT)

How often are you paid? _____
(Monthly, Bi-Monthly, Weekly or Bi-Weekly)

Income from Paystub

Other Monthly Income

Gross Income: _____	From your business: _____
Estimated Overtime: _____	From real property: _____
<i>Payroll Deductions</i>	Interest & Dividends: _____
Federal Income Tax: _____	Alimony, Child Support: _____
State Income Tax: _____	Social Security: _____
FICA/Medicare: _____	Government Assistance: _____
Insurance: _____	Pension or Retirement: _____
Union Dues: _____	_____
_____	<i>(Other, specify)</i>
<i>(Other, specify)</i>	_____
_____	<i>(Other, specify)</i>
<i>(Other, specify)</i>	_____
_____	<i>(Other, specify)</i>

Explain any anticipated increase or decrease in income of more than 10% in the next year:

CONTINUED – APPLICANT’S INCOME DATA
(HUSBAND, IF JOINT)

Income from employment or operation of business:

State the gross amount and source of income you have received from employment, trade or profession, or from the operation of your business from the beginning of this calendar year to the present and the **two years immediately preceding** this calendar year.

<i>Year</i>	<i>Amount</i>	<i>Source (Employer’s Name)</i>	<i>Fiscal Year</i> <i>(if other than calendar year)</i>
Current Year	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Income other than from employment or operation of business:

State the gross amount of income received by you other than from employment, trade or profession, or from the operation of your business during the **two years immediately preceding** the filing of this case.

<i>Year</i>	<i>Amount</i>	<i>Source (Give Particulars)</i>
_____	\$ _____	_____
_____	\$ _____	_____

SPOUSE'S INCOME DATA
(WIFE, IF JOINT)

How often are you paid? _____
(Monthly, Bi-Monthly, Weekly or Bi-Weekly)

Income from Paystub

Other Monthly Income

Gross Income: _____	From your business: _____
Estimated Overtime: _____	From real property: _____
<i>Payroll Deductions</i>	Interest & Dividends: _____
Federal Income Tax: _____	Alimony, Child Support: _____
State Income Tax: _____	Social Security: _____
FICA/Medicare: _____	Government Assistance: _____
Insurance: _____	Pension or Retirement: _____
Union Dues: _____	_____
_____	<i>(Other, specify)</i>
<i>(Other, specify)</i>	_____
_____	<i>(Other, specify)</i>
<i>(Other, specify)</i>	_____
_____	<i>(Other, specify)</i>

Explain any anticipated increase or decrease in income of more than 10% in the next year:

CONTINUED – SPOUSE’S INCOME DATA
(WIFE, IF JOINT)

Income from employment or operation of business:

State the gross amount and source of income you have received from employment, trade or profession, or from the operation of your business from the beginning of this calendar year to the present and the **two years immediately preceding** this calendar year.

<i>Year</i>	<i>Amount</i>	<i>Source (Employer’s Name)</i>	<i>Fiscal Year</i> <i>(if other than calendar year)</i>
Current Year	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Income other than from employment or operation of business:

State the gross amount of income received by you other than from employment, trade or profession, or from the operation of your business during the **two years immediately preceding** the filing of this case.

<i>Year</i>	<i>Amount</i>	<i>Source (Give Particulars)</i>
_____	\$ _____	_____
_____	\$ _____	_____

EXPENDITURES OR MONTHLY EXPENSES

Rent or Mortgage:	_____	Insurance:	
		<i>Homeowners or Renters</i>	_____
<i>Is insurance included?</i>	_____	<i>Life</i>	_____
<i>Are taxes included?</i>	_____	<i>Health</i>	_____
Utilities:		<i>Auto</i>	_____
<i>Electricity & Heating</i>	_____		_____
<i>Water & Sewer</i>	_____		_____
<i>Telephone</i>	_____	<i>(Other, specify)</i>	_____
_____	_____	Taxes:	_____
<i>(Other, specify)</i>	_____	Installment Payments:	_____
_____	_____	<i>(Not in Plan)</i>	_____
<i>(Other, specify)</i>	_____	<i>Auto</i>	_____
_____	_____		_____
<i>(Other, specify)</i>	_____	<i>(Other, specify)</i>	_____
_____	_____		_____
Home Maintenance:	_____	<i>(Other, specify)</i>	_____
Food:	_____		_____
		<i>(Other, specify)</i>	_____
Clothing for Family:	_____		_____
Laundry & Dry Cleaning:	_____	Alimony, Maintenance, Support:	_____
Medical & Dental Expenses:	_____	Payments for Dependents:	_____
Transportation:	_____	Business Expenses:	_____
<i>(Do not include Car Payments)</i>	_____	<i>(Attach Details)</i>	_____
Recreation:	_____	Other Expenses, specify:	_____

Charitable Contributions:	_____		_____

REAL PROPERTY

Do you own a home? YES / NO

What is the remaining balance? \$ _____

Do you live in the Home? YES / NO

Present appraised or estimated value of property? \$ _____

Source of estimated value?
(Appraisal, comparables or other) _____

Number of mortgages on property? _____

Provide the following information for each company that has a mortgage on your home:

First Mortgage

Second Mortgage

(Name of Creditor)

(Name of Creditor)

Address: _____
(Street)

Address: _____
(Street)

(City)

(City)

(State) (Zip Code)

(State) (Zip Code)

Account Number: _____

Account Number: _____

Amount Due: \$ _____

Amount Due: \$ _____

Date Incurred: _____

Date Incurred: _____

Number of payments behind: _____

Number of payments behind: _____

Total Amount Behind: \$ _____

Total Amount Behind: \$ _____

CONTINUED – REAL PROPERTY

Third Mortgage

Fourth Mortgage

(Name of Creditor)

Address: _____
(Street)

(City)

(State) (Zip Code)

(Name of Creditor)

Address: _____
(Street)

(City)

(State) (Zip Code)

Account Number: _____

Amount Due: \$ _____

Date Incurred: _____

Number of payments behind: _____

Total Amount Behind: \$ _____

Account Number: _____

Amount Due: \$ _____

Date Incurred: _____

Number of payments behind: _____

Total Amount Behind: \$ _____

Are there any recorded judgments that affect your property? If so, please list and include recordation information on each judgment:

ASSETS

Do you have cash on hand? If so, how much \$ _____

Do you have a Checking or Savings Account? If so, please provide the following:

Name of Bank: _____ Account Type: _____
(Checking or Savings)

Address: _____
(Street) _____
(City) _____
(State) (Zip Code) _____

Account Number: _____

Amount on Deposit: \$ _____

As of: ____ / ____ / ____

Name of Bank: _____ Account Type: _____
(Checking or Savings)

Address: _____
(Street) _____
(City) _____
(State) (Zip Code) _____

Account Number: _____

Amount on Deposit: \$ _____

As of: ____ / ____ / ____

Name of Bank: _____ Account Type: _____
(Checking or Savings)

Address: _____
(Street) _____
(City) _____
(State) (Zip Code) _____

Account Number: _____

Amount on Deposit: \$ _____

As of: ____ / ____ / ____

CONTINUED – ASSETS

Do you have any Security Deposits? If so, please list the amounts below:

Rental Deposits: \$_____ Electric: \$_____ Other, specify:_____ \$_____

Pet Deposits: \$_____ Sewer: \$_____ Other, specify:_____ \$_____

Telephone: \$_____ Water: \$_____ Other, specify:_____ \$_____

Do you own any of the following: books; pictures or other art objects; antiques, stamps, coins, records, tapes, compact discs or other collectibles? If so, please provide the following:

<i>Description</i>	<i>Value</i>
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____
_____	\$_____

If you own any of the following items, please provide the requested information:

<i>Item</i>	<i>Value</i>	<i>Item</i>	<i>Value</i>
Furs:	\$_____	Clothing & Shoes:	
Costume Jewelry:	\$_____	<i>Husband's</i>	\$_____
Wedding Bands:		<i>Wife's</i>	\$_____
	<i>Husband's</i>	<i>Kid's</i>	\$_____
	<i>Wife's</i>		\$_____

CONTINUED – ASSETS

Do you own any firearms? If so, please provide the following:

<i>Make</i>	<i>Model</i>	<i>Value</i>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

List any sports, photographic or other hobby equipment:

<i>Description</i>	<i>Value</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

CONTINUED – ASSETS

Do you have any interests in Insurance Policies? If so, please provide the following:

Name of Company: _____ Address: _____

(Street)

Policy Number: _____

Surrender Value: \$ _____
_____ *(City)*

Beneficiary: _____
_____ *(State) (Zip Code)*

Name of Company: _____ Address: _____

(Street)

Policy Number: _____

Surrender Value: \$ _____
_____ *(City)*

Beneficiary: _____
_____ *(State) (Zip Code)*

Name of Company: _____ Address: _____

(Street)

Policy Number: _____

Surrender Value: \$ _____
_____ *(City)*

Beneficiary: _____
_____ *(State) (Zip Code)*

Name of Company: _____ Address: _____

(Street)

Policy Number: _____

Surrender Value: \$ _____
_____ *(City)*

Beneficiary: _____
_____ *(State) (Zip Code)*

CONTINUED – ASSETS

Do you have any interests in Annuities? If so, please provide the following:

Name of Company: _____ Address: _____
(Street)

Policy Number: _____

Current Value: \$ _____ *(City)*

Beneficiary: _____
(State)

Name of Company: _____ Address: _____
(Street)

Policy Number: _____

Current Value: \$ _____ *(City)*

Beneficiary: _____
(State) *(Zip Code)*

Name of Company: _____ Address: _____
(Street)

Policy Number: _____

Current Value: \$ _____ *(City)*

Beneficiary: _____
(State) *(Zip Code)*

Name of Company: _____ Address: _____
(Street)

Policy Number: _____

Current Value: \$ _____ *(City)*

Beneficiary: _____
(State) *(Zip Code)*

CONTINUED – ASSETS

List any interests you have in IRA, ERISA, Keogh, or other pension or profit sharing plans:

Description: _____ Value: \$ _____

Account Number: _____

(Husband, Wife or Joint)

Location: _____
(Street) (City) (State) (Zip Code)

Contributions made during last 12 months: _____

Description: _____ Value: \$ _____

Account Number: _____

(Husband, Wife or Joint)

Location: _____
(Street) (City) (State) (Zip Code)

Contributions made during last 12 months: _____

Description: _____ Value: \$ _____

Account Number: _____

(Husband, Wife or Joint)

Location: _____
(Street) (City) (State) (Zip Code)

Contributions made during last 12 months: _____

Description: _____ Value: \$ _____

Account Number: _____

(Husband, Wife or Joint)

Location: _____
(Street) (City) (State) (Zip Code)

Contributions made during last 12 months: _____

CONTINUED – ASSETS

List the name and percentage of ownership you have in any incorporated or unincorporated business:

<i>(Name of Business)</i>	<i>(Percentage)</i>	<i>(Name of Business)</i>	<i>(Percentage)</i>
<i>(Name of Business)</i>	<i>(Percentage)</i>	<i>(Name of Business)</i>	<i>(Percentage)</i>

List the name and percentage of any interests you have in partnerships or joint ventures:

<i>(Name of Partnership or Joint Venture)</i>	<i>(Percentage)</i>
<i>(Name of Partnership or Joint Venture)</i>	<i>(Percentage)</i>

Do you own any Government or Corporate Bonds, or any other Negotiable and Non-Negotiable Instruments? If so, please provide the following:

Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____

Accounts Receivable - If anyone owes you money, please provide the following:

Name: _____	Amount Owed: \$ _____
Address: _____	
<i>(Street)</i>	<i>(City)</i>
<i>(State)</i>	<i>(Zip Code)</i>
Name: _____	Amount Owed: \$ _____
Address: _____	
<i>(Street)</i>	<i>(City)</i>
<i>(State)</i>	<i>(Zip Code)</i>

CONTINUED – ASSETS

Are you or may you be entitled to any equitable or future interests, life estates or rights of powers exercisable for your benefit? If so, please explain in detail and list the value below:

Do you have any contingent or noncontingent interests in the estate of a decedent, death benefit plan, life insurance policy or trust? If so, please explain in detail and list the value below:

Please list any deceased parents, including dates below:

<i>Applicant (Husband, if Joint)</i>	<i>Spouse (Wife, if Joint)</i>
_____ Date: _____	_____ Date: _____
_____ Date: _____	_____ Date: _____

Did you inherit anything? If so, please explain and list the value below:

CONTINUED – ASSETS

Do you have any other contingent and unliquidated claims of any kind, including tax refunds, counterclaims and rights of setoff claims? If so, please explain in detail and list the value below:

If you have been involved in any accidents within the last year, settled any claims within the last three years or have any lawsuits that you should file, please explain in detail below:

Do you own any patents, copyrights or intellectual property? If so, please describe below:

Do you own any licenses, franchises or other intangibles? If so, please describe below:

CONTINUED – ASSETS

Do you own any automobiles, trucks, trailers, ATVs or any other vehicles or accessories? If so, please provide the following:

Description:	_____	Vehicle Identification	
		Number:	_____
Lien Holder:	_____	Current Market Value:	\$_____
Address:	_____	Account Number:	_____
	<i>(Street)</i>	Amount of Lien:	\$_____
	_____	Date Incurred:	_____
	<i>(City)</i>	Wish to Keep Paying?	YES / NO

	<i>(State) (Zip Code)</i>		

Description:	_____	Vehicle Identification	
		Number:	_____
Lien Holder:	_____	Current Market Value:	\$_____
Address:	_____	Account Number:	_____
	<i>(Street)</i>	Amount of Lien:	\$_____
	_____	Date Incurred:	_____
	<i>(City)</i>	Wish to Keep Paying?	YES / NO

	<i>(State) (Zip Code)</i>		

Description:	_____	Vehicle Identification	
		Number:	_____
Lien Holder:	_____	Current Market Value:	\$_____
Address:	_____	Account Number:	_____
	<i>(Street)</i>	Amount of Lien:	\$_____
	_____	Date Incurred:	_____
	<i>(City)</i>	Wish to Keep Paying?	YES / NO

	<i>(State) (Zip Code)</i>		

CONTINUED – ASSETS

Deep Freezer:

Value: \$ _____ Amount of Lien: \$ _____ Account Number: _____

Lien Holder: _____ Date Incurred: _____

Address: _____
(Street) (City) (State) (Zip Code)

Air Conditioner:

Value: \$ _____ Amount of Lien: \$ _____ Account Number: _____

Lien Holder: _____ Date Incurred: _____

Address: _____
(Street) (City) (State) (Zip Code)

Heater:

Value: \$ _____ Amount of Lien: \$ _____ Account Number: _____

Lien Holder: _____ Date Incurred: _____

Address: _____
(Street) (City) (State) (Zip Code)

Sewing Machine:

Value: \$ _____ Amount of Lien: \$ _____ Account Number: _____

Lien Holder: _____ Date Incurred: _____

Address: _____
(Street) (City) (State) (Zip Code)

Stove:

Value: \$ _____ Amount of Lien: \$ _____ Account Number: _____

Lien Holder: _____ Date Incurred: _____

Address: _____
(Street) (City) (State) (Zip Code)

CONTINUED – ASSETS

Please list any bathroom items or furnishings:

Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____

Please list any children's items or furnishings:

Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____
Description: _____	Value: \$ _____

CONTINUED – CREDITORS

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____ Who Created Debt: _____
(Husband, Wife or Joint)

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Mark any appropriate: Contingent [] Unliquidated [] Disputed []

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____ Who Created Debt: _____
(Husband, Wife or Joint)

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Mark any appropriate: Contingent [] Unliquidated [] Disputed []

CONTINUED – CREDITORS

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____ Who Created Debt: _____
(Husband, Wife or Joint)

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Mark any appropriate: Contingent [] Unliquidated [] Disputed []

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____ Who Created Debt: _____
(Husband, Wife or Joint)

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Mark any appropriate: Contingent [] Unliquidated [] Disputed []

CONTINUED – CREDITORS

Creditor Name: _____ Claim Amount: \$_____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____ Who Created Debt: _____
(Husband, Wife or Joint)

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Mark any appropriate: Contingent [] Unliquidated [] Disputed []

Creditor Name: _____ Claim Amount: \$_____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____ Who Created Debt: _____
(Husband, Wife or Joint)

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Mark any appropriate: Contingent [] Unliquidated [] Disputed []

CONTINUED – CREDITORS

Creditor Name: _____ Claim Amount: \$_____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____ Who Created Debt: _____
(Husband, Wife or Joint)

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Mark any appropriate: Contingent [] Unliquidated [] Disputed []

Creditor Name: _____ Claim Amount: \$_____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____ Who Created Debt: _____
(Husband, Wife or Joint)

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Mark any appropriate: Contingent [] Unliquidated [] Disputed []

CONTINUED – CREDITORS

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____ Who Created Debt: _____
(Husband, Wife or Joint)

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Mark any appropriate: Contingent [] Unliquidated [] Disputed []

Creditor Name: _____ Claim Amount: \$ _____ Date Incurred: _____

Creditor Address: _____
(Street) (City) (State) (Zip Code)

Account Number: _____ Who Created Debt: _____
(Husband, Wife or Joint)

Type of Debt: _____
(Consumer, Credit Card, Medical, Signature Loan, Education or Specify if other)

List Any Co-Debtors: _____
(Name) (Street)

(City) (State) (Zip Code)

Do you intend on paying back this debt? YES / NO

Mark any appropriate: Contingent [] Unliquidated [] Disputed []

PAYMENTS TO CREDITORS

List all payments on loans, installment purchases of goods or services and other debts, aggregating more than \$600 to any creditor, made within **90 days immediately preceding** the commencement of this case:

<i>Creditor</i>	<i>Dates of Payments</i>	<i>Amount Paid</i>	<i>Balance Owed</i>
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			

CONTINUED – PAYMENTS TO CREDITORS

List all payments made within **one year immediately preceding** the commencement of this case to or for the benefit of creditors, who are or were insiders (includes but is not limited to - your relatives; general partners and their relatives; corporations of which you are an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of yours and insiders of such affiliates; any managing agent of yours):

<i>Creditor</i>	<i>Dates of Payments</i>	<i>Amount Paid</i>	<i>Balance Owed</i>
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			
_____	_____	\$ _____	\$ _____
<i>(Name)</i>			
_____	_____	\$ _____	
<i>(Address)</i>			

**SUITS AND ADMINISTRATIVE PROCEEDINGS,
EXECUTIONS, GARNISHMENTS AND ATTACHMENTS**

List all suits and administrative proceedings to which you are or were a party within **one year immediately preceding** the filing of this bankruptcy case:

<i>Caption of Suit and Case Number</i>	<i>Nature of Proceeding</i>	<i>Court or Agency and Location</i>	<i>Status or Disposition</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year immediately preceding** the filing of this bankruptcy case:

<i>Name and Address of Person for Whose Benefit Property Was Seized</i>	<i>Date of Seizure</i>	<i>Description and Value of Property</i>
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____

REPOSSESSIONS, FORECLOSURES AND RETURNS

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year immediately preceding** the commencement of this case:

<i>Name and Address of Creditor or Seller</i>	<i>Date Incurred</i>	<i>Description and Value of Property</i>
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____
_____	_____	_____
_____	_____	_____ \$ _____

ASSIGNMENTS AND RECEIVERSHIPS

Describe any assignment of property for the benefit of creditors made within **120 days immediately preceding** the commencement of this case:

<i>Name and Address of Assignee</i>	<i>Date of Assignment</i>	<i>Terms of Assignment or Settlement</i>

List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year immediately preceding** the filing of this bankruptcy case:

<i>Name and Address of Custodian</i>	<i>Name and Location of Court, and Case Title and Number</i>	<i>Date of Order</i>	<i>Description and Value of Property</i>
			\$ _____
			\$ _____
			\$ _____
			\$ _____

GIFTS

List all gifts or charitable contributions made within **one year immediately preceding** the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient:

<i>Name and Address of Person or Organization</i>	<i>Relationship to Debtor (if any)</i>	<i>Date of Gift</i>	<i>Description and Value of Gift</i>
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____

LOSSES

List all losses from fire, theft, other casualty or gambling within **one year immediately preceding** the commencement of this case **or since** the commencement of this case:

<i>Description and Value of Property</i>	<i>Description of Circumstance and, if Loss was Covered in Whole or in Part by Insurance, Give Particulars</i>	<i>Date of Loss</i>
_____	_____	_____
_____ \$ _____	_____	_____
_____	_____	_____
_____ \$ _____	_____	_____
_____	_____	_____
_____ \$ _____	_____	_____

**PAYMENTS RELATED TO DEBT
COUNSELING OR BANKRUPTCY**

List all payments made or property transferred by or on behalf of you to any person, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year immediately preceding** the commencement of this case **or since** the commencement of this case:

<i>Name and Address of Payee</i>	<i>Date of Payment</i>	<i>Name of Payor, if Other than Debtor</i>	<i>Amount of Money, or Description and Value of Property</i>
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____

OTHER TRANSFERS

List all other property, other than property transferred in the ordinary course of your business or financial affairs, transferred either absolutely or as security within **one year immediately preceding** the commencement of this case:

<i>Name and Address of Transferee</i>	<i>Relationship to Debtor, if any</i>	<i>Date</i>	<i>Description and Value of Property Transferred</i>
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____
_____	_____	_____	_____
_____	_____	_____	_____ \$ _____

CLOSED FINANCIAL ACCOUNTS

List all financial accounts and instruments held in you name or for your benefit which were closed, sold or otherwise transferred within **one year immediately preceding** the commencement of this case (include - checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share account held in banks, credit unions, pensions funds, cooperatives, associations, brokerage houses and other financial institutions):

<i>Name and Address of Institution</i>	<i>Type and No. of Account</i>	<i>Amount of Final Balance</i>	<i>Amount and Date of Sale or Closing</i>
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____
_____	_____	\$ _____	\$ _____
_____	_____		_____

SAFE DEPOSIT BOXES

List each safe deposit or other box or depository in which you have or had securities, cash, or other valuables within **one year immediately preceding** the commencement of this case:

<i>Name and Address of Bank or Other Depository</i>	<i>Name and Addresses of those with Access to Box or Depository</i>	<i>Description of Contents and Date of Transfer or Surrender, if any</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SETOFFS

List all setoffs made by any creditor, including a bank, against a debt or deposit of yours within **90 days preceding** the commencement of this case:

<i>Name and Address of Creditor</i>	<i>Date of Setoff</i>	<i>Amount of Setoff</i>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

PROPERTY HELD FOR ANOTHER PERSON

List all property owned by another person that you hold or control:

<i>Name and Address of Owner</i>	<i>Description and Value of Property</i>	<i>Location of Property</i>
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____
_____	_____ \$ _____	_____
_____	_____	_____

PRIOR ADDRESSES OF DEBTOR(S)

If you have moved within the **two years immediately preceding** the commencement of this case, list all premises which you occupied during that period and vacated prior to the commencement of this case (if a joint plan is filed, also list any separate address of either spouse):

<i>Address</i>	<i>Name Used</i>	<i>Dates of Occupancy</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPOUSES AND FORMER SPOUSES

Identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in Louisiana or any other community property state:

<i>Name</i>	<i>Relationship</i>
_____	_____
_____	_____
_____	_____
_____	_____

ENVIRONMENTAL INFORMATION

For the purpose of this question, the following definitions apply:

“Environmental Law” - 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” - any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

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

List every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law:

<i>Site Name and Address</i>	<i>Name and Address of Governmental Unit</i>	<i>Date of Notice</i>	<i>Environmental Law</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material and indicate the governmental unit to which the notice was sent and the date of the notice:

<i>Site Name and Address</i>	<i>Name and Address of Governmental Unit</i>	<i>Date of Notice</i>	<i>Environmental Law</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<i>Name and Address of Governmental Unit</i>	<i>Docket Number</i>	<i>Status or Disposition</i>
_____	_____	_____
_____	_____	_____

NATURE, LOCATION AND NAME OF BUSINESS

If a debtor is an individual - list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was a self-employed professional within the **six years immediately preceding** the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the **six years immediately preceding** the commencement of this case.

If the debtor is a partnership - list the names, addresses, taxpayer identification numbers, nature of the businesses, 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 **six years immediately preceding** the commencement of this case.

If the debtor is a corporation - list the names, addresses, taxpayer identification numbers, nature of the businesses, 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 **six years immediately preceding** the commencement of this case.

<i>Name</i>	<i>Taxpayer I.D. #</i>	<i>Address</i>	<i>Nature of Business</i>	<i>Beginning and Ending Dates of Operation</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Identify any business listed in response to the above question that is “single asset real estate” as defined in 11 U.S.C. § 101:

<i>Name</i>	<i>Address</i>
_____	_____
_____	_____