

# CHECKLIST

Please bring *copies* of the items listed below with you.

Client's Name: \_\_\_\_\_

Date: \_\_\_\_\_

- 1. Copy of Driver's License, Photo ID, etc.
- 2. Proof of Social Security Number (e.g. Social Security Card)
- 3. Verification of income for the past **6 months** (pay stubs and/or statements from Social Security)
- 4. Most recent bank statements - all accounts
- 5. Federal & State Tax Returns for the past **4** filing years
- 6. Copy of Automobile Title (or Memorandum of Title) or Lease Agreement
- 7. Proof of Automobile Insurance for all vehicles
- 8. Vehicle purchase agreements and disclosure statements
- 9. Copy of legal description of home (deed or mortgage) and/or residential rental agreement
- 10. Proof of Homeowner's or Renter's Insurance
- 11. Copies of all lawsuits
- 12. Life Insurance Policies
- 13. Retirement Plans (e.g. 401(k), IRA)

Please provide *copies* of each of the foregoing if you wish to keep the originals for your records.

Susan M. Gray  
*Attorneys and Counselors at Law*

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**Statement of Financial Affairs**

**Instructions:** Bankruptcy is a Court procedure, which requires very detailed financial information. Please complete this questionnaire as accurately and completely as possible. Your bankruptcy petition will be prepared according to the information that you provide.  
Please fill out the form electronically and then print it out.

	<b>Self</b>	<b>Spouse (if joint petition)</b>
<b>1. Full Legal Name</b>	_____	_____
<b>2. Date of Birth</b>	_____	_____
<b>3. Marital Status</b>	_____	_____
<b>4. Other Names Used</b>	_____	_____
<b>5. Social Security Number</b>	_____	_____
<b>6. Street Address</b>	_____	_____
<b>City/State/ZIP</b>	_____	_____
<b>7. County</b>	_____	_____
<b>8. Home Phone</b>	_____	_____
<b>9. Other Phone</b>	_____	_____
<b>10. E-Mail</b>	_____	_____
<b>11. List all prior addresses and dates of residence for the last two years.</b>		
<b>Street Address</b>	_____	_____
<b>City/State/ZIP</b>	_____	_____
<b>County</b>	_____	_____
<b>Dates</b>	_____	_____

**12. Employer Name**

**Address**

**City/State/ZIP**

**Work Phone**

**Occupation/Title**

**Length of Employment**

**Employment Information Continued:**

**Self**

**Spouse (if joint petition)**

**Paid:**

Weekly

Every 2 Weeks

Weekly

Every 2 Weeks

15th & 30th

Other \_\_\_\_\_

15th & 30th

Other \_\_\_\_\_

**13. Have you filed a bankruptcy petition within the past 8 years? If so, state the court case number, date filed, and location of court.**

**14. Location of real estate, if different from present address**

**15. List any real estate, land, time-shares, etc. that you have. If you have not done so, please send in copies of all deeds, mortgages, or land contracts.**

**Located in County:**  Cuyahoga

Lorain

Summit

Medina

Stark

Other \_\_\_\_\_

**Date Property was purchased**

**Purchase Price:**

**Current Market Value:**

**Name & Address of Company Who Receives Your Mortgage Payment:**

**Account Number:**

**Balance owed:**

Is there a second mortgage on the property?

Yes

No

Name & Address of Company Who Receives Your 2nd Mortgage Payment:

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Account Number: \_\_\_\_\_

Balance owed: \_\_\_\_\_

Are there additional mortgages or liens?

No.

If yes, please list the information below:

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16. Cash on hand (not including bank accounts) \_\_\_\_\_

17. Bank or Credit Union Account: Include ALL accounts (open or closed in past two years) with FULL address, account number, and balance.

	Account 1	Account 2
Bank	_____	_____
Address	_____ _____	_____ _____
Type (C/S)	_____	_____
Account #	_____	_____
Balance	_____	_____
Date Closed	_____	_____
	Account 3	Account 4
Bank	_____	_____
Address	_____ _____	_____ _____
Type (C/S)	_____	_____
Account #	_____	_____
Balance	_____	_____
Date Closed	_____	_____

18. Do you owe money to or have a credit card, loan, Christmas Club account etc., with a bank or credit union where you have funds on deposit?

Yes

No

19. If you answered "yes" to the above, please specify what type of money you owe or have on deposit. This is very important to discuss with Susan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

20. List name & address of anyone you paid a security deposit to (rent, utility, etc.):

\_\_\_\_\_

**Automobiles:**

1. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Creditor name & address \_\_\_\_\_

Account Number \_\_\_\_\_ Date incurred \_\_\_\_\_

Balance due \_\_\_\_\_ Amount of monthly payment \_\_\_\_\_

Number of payments left as of date \_\_\_\_\_

2. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Creditor name & address \_\_\_\_\_

Account Number \_\_\_\_\_ Date incurred \_\_\_\_\_

Balance due \_\_\_\_\_ Amount of monthly payment \_\_\_\_\_

Number of payments left as of date \_\_\_\_\_

3. Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Creditor name & address \_\_\_\_\_

Account Number \_\_\_\_\_ Date incurred \_\_\_\_\_

Balance due \_\_\_\_\_ Amount of monthly payment \_\_\_\_\_

Number of payments left as of date \_\_\_\_\_

**21. Income Tax Refunds not yet received. Estimate if exact amount unknown**

**Federal** \_\_\_\_\_

**Tax Year** \_\_\_\_\_

**State** \_\_\_\_\_

**Tax Year** \_\_\_\_\_

**22. List Retirement Accounts:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**23. List Life Insurance Policies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**24. What is the household income, year-to-date?**

\_\_\_\_\_

**25. Last Year**

\_\_\_\_\_

**26. Previous Year**

\_\_\_\_\_

**27. List any other sources of income and amount (i.e. alimony, child support, rental income):**

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**28. List any lawsuits you have been party to in the past year; include case number, court, dates, and a brief description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**29. Has your property been attached or seized, or has any of your paychecks been garnished in the past year? Describe.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**30. Has any of your property been in the possession of a custodian, receiver, or court appointed official within one year? Describe.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**31. Have you made any gifts to anyone within one year over \$200.00 in value per person or \$100.00 in value in donations to one organization? If so, list name, address, and amount donated:**

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**32. Have you suffered any loss from fire, theft, or gambling in the past year? Was it covered by insurance? Include details:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**33. Have you transferred any property or credit card balance in the past year?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**34. Do you have, or within one year kept, safe-deposit boxes? If so, list contents:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**35. Has any creditor placed a lien against any property of yours within the past 3 months?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**36. Do you hold any property for anyone? Describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**37. If you rent, when does your lease expire?** \_\_\_\_\_  
\_\_\_\_\_

**38. Name & Address of landlord:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**39. List any debts you have co-signed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**40. List any other property of any value that has not yet been listed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**41. List all dependants, including spouse (if not also filing):**

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Current Expenses

Do you and your spouse maintain separate households?

No

Yes

If yes, fill one page out for your household and another for your spouse's.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

Indicate how much you pay for each item each month ...

1. Your rent or your home mortgage

\_\_\_\_\_

Does that amount include real estate taxes?

No

Yes

Does it include property insurance?

No

Yes

2. Electricity and heating

\_\_\_\_\_

3. Water and sewer

\_\_\_\_\_

4. Telephone service / long distance

\_\_\_\_\_

5. Do you have any other utility bills? If so, what, and how much per month?

Cable

\_\_\_\_\_

\_\_\_\_\_

Internet

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

6. Home maintenance, including repairs and general upkeep

\_\_\_\_\_

7. Food

\_\_\_\_\_

8. Clothing

\_\_\_\_\_

9. Laundry and dry cleaning

\_\_\_\_\_

10. Medical and dental expenses

\_\_\_\_\_

11. Transportation (not including car payments)

\_\_\_\_\_

12. Entertainment, recreation, newspapers, magazines

\_\_\_\_\_

13. Charitable contributions

\_\_\_\_\_

**14. Insurance not deducted from paycheck**

a) Homeowner's or renter's insurance

\_\_\_\_\_

b) life insurance

\_\_\_\_\_

c) health insurance

\_\_\_\_\_

d) auto insurance

\_\_\_\_\_

e) other insurance

\_\_\_\_\_

\_\_\_\_\_

**15. Taxes not deducted from paycheck (IRS, RITA, etc.)**

\_\_\_\_\_

**16. Installment payments for car, furniture, etc. (please specify)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**17. Alimony, maintenance, support paid to others**

\_\_\_\_\_

**18. Payments for support of dependents not living at home**

\_\_\_\_\_

**19. Expenses from operation of business**

\_\_\_\_\_

**20. Other expenses not listed above:**

a) Personal care & haircuts

\_\_\_\_\_

\_\_\_\_\_

b) Cell phones

\_\_\_\_\_

\_\_\_\_\_

c) Other

\_\_\_\_\_

\_\_\_\_\_

d) Other

\_\_\_\_\_

\_\_\_\_\_

e) Other

\_\_\_\_\_

\_\_\_\_\_

THE PRECEDING QUESTIONS HAVE BEEN ANSWERED TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Debtor: \_\_\_\_\_

Spouse: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# LIST OF CREDITORS

**Instructions:** In order for a debt to be discharged in Bankruptcy, it must be listed correctly and completely. For every address, please list the ZIP code. List every debt. Include information about every creditor, including friends and relatives. **Even include creditors covered by insurance, or creditors who may think you owe them money, even if you disagree.** Be sure to include debts where you may only be a co-signer or authorized user. Include these debts even if the primary creditor is current with the payments. **Also, list all debt that you intend to keep, including mortgages and automobile loans. Listing the creditor will not cause you to lose your home or car.**

Please fill out the form electronically and then print it out.

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**YOUR NAME:**

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**#1 Name of Creditor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Date Opened:** \_\_\_\_\_

**\*\*Balance Due:** \_\_\_\_\_ (do not round numbers; give most current balance amount)

**Indicate:**     **Personal loan**     **Car**     **Mortgage**     **Second Mortgage**  
 **Credit Card**     **Student Loan**     **Other:** \_\_\_\_\_

**Account is in:**     **Your name only (for individual filers)**     **Joint (both filers)**  
 **Husband's name only**     **Wife's name only**     **Other\***

**\*If another individual is a co-signer or co-user on the above account/loan, please list their full name and address:**

\_\_\_\_\_  
\_\_\_\_\_

**Name and addresses of collection agencies, attorneys, or law firms who have sent you correspondence concerning collection efforts on the above account:**

**Collection Agency/Attorney's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\*\*If balance is a result of a balance transfer, please indicate the balance transfer date:** \_\_\_\_\_

**Amount of balance transfer:** \_\_\_\_\_

#2 Name of Creditor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

\*\*Balance Due: \_\_\_\_\_ (do not round numbers; give most current balance amount)

Indicate:  Personal loan  Car  Mortgage  Second Mortgage  
 Credit Card  Student Loan  Other: \_\_\_\_\_

Account is in:  Your name only (for individual filers)  Joint (both filers)  
 Husband's name only  Wife's name only  Other\*

\*If another individual is a co-signer or co-user on the above account/loan, please list their full name and address:

\_\_\_\_\_  
\_\_\_\_\_

Name and addresses of collection agencies, attorneys, or law firms who have sent you correspondence concerning collection efforts on the above account:

Collection Agency/Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*If balance is a result of a balance transfer, please indicate the balance transfer date: \_\_\_\_\_

Amount of balance transfer: \_\_\_\_\_

#3 Name of Creditor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

\*\*Balance Due: \_\_\_\_\_ (do not round numbers; give most current balance amount)

Indicate:  Personal loan  Car  Mortgage  Second Mortgage  
 Credit Card  Student Loan  Other: \_\_\_\_\_

Account is in:  Your name only (for individual filers)  Joint (both filers)  
 Husband's name only  Wife's name only  Other\*

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\_\_\_\_\_

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Collection Agency/Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*If balance is a result of a balance transfer, please indicate the balance transfer date: \_\_\_\_\_

Amount of balance transfer: \_\_\_\_\_

**#4 Name of Creditor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Date Opened:** \_\_\_\_\_

**\*\*Balance Due:** \_\_\_\_\_ (do not round numbers; give most current balance amount)

**Indicate:**  Personal loan  Car  Mortgage  Second Mortgage  
 Credit Card  Student Loan  Other: \_\_\_\_\_

**Account is in:**  Your name only (for individual filers)  Joint (both filers)  
 Husband's name only  Wife's name only  Other\*

**\*If another individual is a co-signer or co-user on the above account/loan, please list their full name and address:**

\_\_\_\_\_  
\_\_\_\_\_

**Name and addresses of collection agencies, attorneys, or law firms who have sent you correspondence concerning collection efforts on the above account:**

**Collection Agency/Attorney's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\*\*If balance is a result of a balance transfer, please indicate the balance transfer date:** \_\_\_\_\_

**Amount of balance transfer:** \_\_\_\_\_

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**#5 Name of Creditor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Date Opened:** \_\_\_\_\_

**\*\*Balance Due:** \_\_\_\_\_ (do not round numbers; give most current balance amount)

**Indicate:**  Personal loan  Car  Mortgage  Second Mortgage  
 Credit Card  Student Loan  Other: \_\_\_\_\_

**Account is in:**  Your name only (for individual filers)  Joint (both filers)  
 Husband's name only  Wife's name only  Other\*

**\*If another individual is a co-signer or co-user on the above account/loan, please list their full name and address:**

\_\_\_\_\_  
\_\_\_\_\_

**Name and addresses of collection agencies, attorneys, or law firms who have sent you correspondence concerning collection efforts on the above account:**

**Collection Agency/Attorney's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\*\*If balance is a result of a balance transfer, please indicate the balance transfer date:** \_\_\_\_\_

**Amount of balance transfer:** \_\_\_\_\_

**#6 Name of Creditor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**ZIP Code:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Date Opened:** \_\_\_\_\_

**\*\*Balance Due:** \_\_\_\_\_

(do not round numbers; give most current balance amount)

**Indicate:**

Personal loan

Car

Mortgage

Second Mortgage

Credit Card

Student Loan

Other: \_\_\_\_\_

**Account is in:**

Your name only (for individual filers)

Joint (both filers)

Husband's name only

Wife's name only

Other\*

**\*If another individual is a co-signer or co-user on the above account/loan, please list their full name and address:**

\_\_\_\_\_  
\_\_\_\_\_

**Name and addresses of collection agencies, attorneys, or law firms who have sent you correspondence concerning collection efforts on the above account:**

**Collection Agency/Attorney's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\*\*If balance is a result of a balance transfer, please indicate the balance transfer date:** \_\_\_\_\_

**Amount of balance transfer:** \_\_\_\_\_

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**#7 Name of Creditor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**ZIP Code:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Date Opened:** \_\_\_\_\_

**\*\*Balance Due:** \_\_\_\_\_

(do not round numbers; give most current balance amount)

**Indicate:**

Personal loan

Car

Mortgage

Second Mortgage

Credit Card

Student Loan

Other: \_\_\_\_\_

**Account is in:**

Your name only (for individual filers)

Joint (both filers)

Husband's name only

Wife's name only

Other\*

**\*If another individual is a co-signer or co-user on the above account/loan, please list their full name and address:**

\_\_\_\_\_  
\_\_\_\_\_

**Name and addresses of collection agencies, attorneys, or law firms who have sent you correspondence concerning collection efforts on the above account:**

**Collection Agency/Attorney's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\*\*If balance is a result of a balance transfer, please indicate the balance transfer date:** \_\_\_\_\_

**Amount of balance transfer:** \_\_\_\_\_

**#8 Name of Creditor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Date Opened:** \_\_\_\_\_

**\*\*Balance Due:** \_\_\_\_\_ (do not round numbers; give most current balance amount)

**Indicate:**  Personal loan  Car  Mortgage  Second Mortgage  
 Credit Card  Student Loan  Other: \_\_\_\_\_

**Account is in:**  Your name only (for individual filers)  Joint (both filers)  
 Husband's name only  Wife's name only  Other\*

**\*If another individual is a co-signer or co-user on the above account/loan, please list their full name and address:**

\_\_\_\_\_  
\_\_\_\_\_

**Name and addresses of collection agencies, attorneys, or law firms who have sent you correspondence concerning collection efforts on the above account:**

**Collection Agency/Attorney's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\*\*If balance is a result of a balance transfer, please indicate the banace transfer date:** \_\_\_\_\_

**Amount of balance transfer:** \_\_\_\_\_

**#9 Name of Creditor:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Date Opened:** \_\_\_\_\_

**\*\*Balance Due:** \_\_\_\_\_ (do not round numbers; give most current balance amount)

**Indicate:**  Personal loan  Car  Mortgage  Second Mortgage  
 Credit Card  Student Loan  Other: \_\_\_\_\_

**Account is in:**  Your name only (for individual filers)  Joint (both filers)  
 Husband's name only  Wife's name only  Other\*

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\_\_\_\_\_

**Name and addresses of collection agencies, attorneys, or law firms who have sent you correspondence concerning collection efforts on the above account:**

**Collection Agency/Attorney's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\*\*If balance is a result of a balance transfer, please indicate the banace transfer date:** \_\_\_\_\_

**Amount of balance transfer:** \_\_\_\_\_

#10 Name of Creditor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

\*\*Balance Due: \_\_\_\_\_ (do not round numbers; give most current balance amount)

Indicate:  Personal loan  Car  Mortgage  Second Mortgage  
 Credit Card  Student Loan  Other: \_\_\_\_\_

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Collection Agency/Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*If balance is a result of a balance transfer, please indicate the balance transfer date: \_\_\_\_\_

Amount of balance transfer: \_\_\_\_\_

#11 Name of Creditor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

\*\*Balance Due: \_\_\_\_\_ (do not round numbers; give most current balance amount)

Indicate:  Personal loan  Car  Mortgage  Second Mortgage  
 Credit Card  Student Loan  Other: \_\_\_\_\_

Account is in:  Your name only (for individual filers)  Joint (both filers)  
 Husband's name only  Wife's name only  Other\*

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\_\_\_\_\_

Name and addresses of collection agencies, attorneys, or law firms who have sent you correspondence concerning collection efforts on the above account:

Collection Agency/Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\*\*If balance is a result of a balance transfer, please indicate the balance transfer date: \_\_\_\_\_

Amount of balance transfer: \_\_\_\_\_

#12 Name of Creditor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

\*\*Balance Due: \_\_\_\_\_ (do not round numbers; give most current balance amount)

Indicate:  Personal loan  Car  Mortgage  Second Mortgage  
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Address: \_\_\_\_\_

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Amount of balance transfer: \_\_\_\_\_

#13 Name of Creditor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Opened: \_\_\_\_\_

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Collection Agency/Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Amount of balance transfer: \_\_\_\_\_