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| Date : | _ |
|--------|---|
|--------|---|

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| | BANKRUPTCY | APPLICATION | |
|------------------------------|-------------------------------|---|-------|
| Personal Information | | | |
| Full Name: | А | Age:Birthdate:/ | |
| Social Security #: | Email Add | lress: | _ |
| Addross: | Phono# | | |
| Address: | FIIOHE# | | |
| City/Zin | Celi/i agel MI 48 | County: | |
| Oity/21p | WII 40 | | |
| Circle One: Single | Married Separ | rated Divorced Widowed | |
| IF YOU ARE MARRIED, IS | YOUR SPOUSE FILING | TOO? □ Yes □ No | |
| Spouse Information (even in | Spouse is not filing) | | |
| Full Name: | | Age: Birthdate:// | |
| Social Security #: | | | |
| Have you or your spouse use | ed any other names in the | e past 8 years (maiden names, business n | ames. |
| etc.)? □ Yes □ No | , | | , |
| Names used: | | | |
| Names useu | | | |
| Objection on Demandants | | | |
| Children or Dependents | | | |
| Name and age of any childre | n or denendents living in | your household (this includes Step or Ado | nted |
| Children also) | | your nousehold (this includes Step of Add | pieu |
| ormarch alsoj | | | |
| (Name) | (Age) | (Name) | |
| (Age) | , , | , | |
| | | | |
| (Name) | (Age) | (Name) | |
| (Age) | | | |
| Name and age of any shildre | | manus not living in vous boundalds | |
| name and age of any childre | n or dependents you su | pport not living in your household: | |
| | | | |
| Prior Bankruptcy Cases | | | |
| - Tio: Baim aproy Gaese | | | |
| Have you or your spouse eve | er filed Bankruptcy? Ye | es □ No If yes, Case | |
| | | | |
| #:Date Filed: | Chapter 7 o | or 13? Court | |
| Location/State: | | | |
| (*You must wait 8 years betw | een Chapter 7 filings, or | you may want to file Chapter 13) | |

| Real Esta | te Information | | | | | |
|-------------------------------|--|---|---------------|---------------------------------|----------------|----------------------|
| Do you OWI Yes □ No | N , are you buying, or | are you involved as P | ART OWNE | ER in <u>any</u> real | estate (land | d or home)? □ |
| (See Vehicle | (If | no, go to next | | | | |
| Φ. | | Is this y _ Price Paid: \$ | | | | |
| Balance on \$ | Mortgage: \$ | 2 nd N | lortgage: \$_ | | 3 ^r | d <u>.</u> |
| Whose nam Who is/are | es are on the deed: _ your MORTGAGE C also list this on your | OMPANY:#1list of Creditors) | SEV fror | m tax bill: \$ | ‡2 | |
| | Does this include | rtgage: \$e taxes and/or insuran | ce: yes no | rtgage: \$ | 3 | ^d Mtg: \$ |
| • | any other property? out to anybody? □ Ye | If so, location: s □ No | | | | |
| | e DELINQUENT PRC | PERTY TAXES?(amo | ount past | | | |
| Vehicle In | formation | | | | | |
| □ No | N or LEASE any cars | , trucks, mobile home | s, boats, tra | ilers, ATVs, m | otorcycles, | etc? □ Yes |
| | ŕ | *LIST THEM | /I HERE* | | | |
| | ase write in the , Make & Model | Names on Title | Pa | yment Pr Value | esent / | Amount |
| □Keep #1 □Give up | Ford, Chevy, etc. | | \$ | \$ | \$ | Lease or Purchase |
| □Keep #2 □Give up | Ford, Chevy, etc. | | \$ | \$ | \$ | Lease or Purchase |
| Who is your C | CAR FINANCIER? #1_ | | _ #2 | | | |
| | also list them on you | r list of Creditors) Exp | pected Payo | off Dates #1 | #2 | |
| If so, what typ | • | PAY for, but is in som already been REPOS | | Amour | it you pay pe | |

spouse's names do not appear on the Title. **DO INCLUDE** leased vehicles or any other vehicles that you are actually paying for. You should also list any vehicles that are in your name but are being paid for by your child, a friend, etc...

Personal Property Information

LIST ALL THINGS YOU OWN in the categories below. The "present value" is considered as the *resale* value of such property.

* Each filer is allowed up to \$10,775 of furnishings, clothing, personal items; \$3,225, jewelry \$1,350, equity in car; \$20,200 equity in real estate; or \$11,200 of any other kind of property or money; a reasonable pension account and other certain items.

| Type of Property | Do you have any? Yes/N o | Description | Owned by husband, wife or joint | Present Value |
|---|---|------------------------|--|---------------|
| Checking, savings account, Certificates of Deposit | | Which Bank? Account #: | | \$ |
| Security deposits | | With whom? | | \$ |
| Household goods, furnishings, appliances | | | | \$ |
| Clothing | | | | \$ |
| Furs or Jewelry | | | | \$ |
| Firearms, sports, photo, hobby equipment | | | | \$ |
| Life insurance policies, stocks, bonds, IRAs, 401(k), Pension for work | | What? | | \$ |
| Tax refund, unpaid wages, commission | | | | \$ |
| Any lawsuits, claims for money against anyone, inheritance in Probate Court | | | | \$ |
| Animals | | What kind? | | \$ |

Current Income

Your Income

Spouse's Income (*Fill-out even if spouse is not filing.)

| | illing.) |
|--|--|
| Occupation: | Occupation: |
| Name of Employer: | Name of Employer: |
| Address: | Address: |
| How long employed: | How long employed: |
| Hourly rate? \$ (example \$12/hr) Usual # of hours per week? (ex. 40 | Hourly rate? \$ (example \$12/hr) Usual # of hours per week? (ex. 40 |
| hrs) | hrs) |
| Expected Yearly income? \$ (ex. \$30000) | Expected Yearly income? \$ (ex. \$30000) |
| Do you receive Overtime pay? □Yes □No | Do you receive Overtime pay? □Yes □No |
| How much O.T. per month, usuallyhours | How much O.T. per month, usuallyhours |
| How much is taken out for TAXES? \$ | How much is taken out for TAXES? \$ |
| How much for Insurance? \$ | How much for Insurance? \$ How much for Union Dues? \$ Any other deductions? □Yes □No If so, what are they & how much? |
| Other Income-Do you receive | Other Income-Do you receive Social Security? □Yes □No How much? \$ Child Support? □Yes □No How much? \$ Disability/Medical? □Yes □No How much? \$ Retirement/Pension?□Yes □No How much? \$ Other: How much? |
| Other: How much? \$ | \$ |
| Additional Notes: | |

If so who?_____How much per month?_____

Current Expenses

LIST ALL OF YOUR MONTHLY LIVING EXPENSES

Do you share household expenses with another adult or spouse? □ Yes □ No (If so, list your part of the expenses)

Indicate how much you pay for each item each month:

Does your mortgage company include Taxes? Yes or No

Insurance? Yes or No

| EXPENSE | AMOUNT | EXPENSE | AMOUNT |
|---------------------------------|--------|----------------------------------|--------|
| RENT | \$ | TRANSPORTATION (not car payment) | \$ |
| MORTGAGE PAYMENT | \$ | CAR PAYMENT/LEASE | \$ |
| SECOND MORTGAGE | \$ | OTHER CAR/LEASE PAYMENT | \$ |
| REAL ESTATE TAXES (if separate) | \$ | AUTO INSURANCE | \$ |
| HOME INSURANCE (if separate) | \$ | OTHER INSURANCE: | \$ |
| ELECTRICITY | \$ | ENTERTAINMENT/RECREATION | \$ |
| HEAT/GAS | \$ | CHARITY/ CHURCH / TITHES | \$ |
| WATER & SEWAGE | \$ | CHILD SUPPORT you pay | \$ |
| TELEPHONE | \$ | ALIMONY/SUPPORT you pay | \$ |
| CABLE | \$ | DAY CARE | \$ |
| CELL PHONE/PAGER | \$ | HOME MAINTENANCE/UP KEEP | \$ |
| FOOD/GROCERIES | \$ | SCHOOL EXPENSE (under 18 years) | \$ |
| CLOTHING | \$ | PET COSTS | \$ |
| LAUNDRY/DRY CLEAN | \$ | HAIR CARE | \$ |
| INTERNET | \$ | OTHER: | \$ |
| MEDICAL/DENTAL(out of pocket) | \$ | OTHER: | \$ |

| Any Additional information you'd like us to know regarding your monthly | |
|---|--|
| expenses: | |

Financial Affairs

If you are filing jointly with your spouse, include information about you and your spouse. If the question doesn't apply to you, you may leave the answer blank.

Income from employment, operation of business, social security, disability, pension, support, etc...

| | HUSBAND / MALE | WIFE / FEMALE |
|--|--|--|
| 2020 Year-to-Date Income (January thru today's date Gross) | \$ | |
| 2019 Gross Income 2018 Gross Income | \$ \$ | \$ \$ |
| Have you sold, transferred, To whom: Wh Description of Property | nen? | y property to anyone in the last 6 years? |
| Are there any garnishments Creditor suing you: Case No. W | or other Court actions goin The /hich Court (i.e. 36 th Distric | ng on against you? eir Attorney:t): |
| Have you had any property Description of Property: Date of Repossession or Formula | Creditor: | |
| 4. Can you sue anyone for any of contract? | money, such as an injury | claim, insurance benefits, inheritance or breach |
| | | thin the last 6 years? Names used:each year: |
| months to pay taxes, tra \$1,000? | ansfer balances, debt cons | ny loans or cash advances within the last 6 olidation, or cash advances of more than |
| When: W 7. List all addresses where you | | |
| 8. Have you repaid more than slast year? | 6600 to any one creditor in | the last 90 days, or any family member in the |
| 9. Have you donated or contrib What charity/church? | | |

Prior 6 Months of Income/Support Obligations

(Circle the last full 6 months before today)

January February March April May June July August September October November December GROSS- NOT TAKE-HOME

| Month | last month | 2 months ago | 3 months ago | 4 months ago | 5 months ago | 6 months ago |
|----------------------------|------------|--------------|-----------------|--------------|-----------------|-----------------|
| Gross Wages | \$ | | | | | |
| Unemployment | \$ | | | | | |
| Soc. Security | \$ | | | | | |
| Child Support | \$ | | | | | |
| Spouse's Income | \$ | | | | | |
| Son/Daughter contributions | \$ | | | | | |
| Other Source: | \$ | | | | | |

Do you OWE any Child Support and/or Alimony? (If yes, please fill-out this section.)

| Name of child: | Birtnaa | ate:/ | / | | | |
|--|-----------------|--------------|------------------|------------------|------------|-----|
| Current Address: | | | _ | | | |
| Name of Child's Mother: _(or other re | cipient) | | | | | |
| Address: | | | | | | |
| If under 18 years old, what is the | current ongo | ing obliga | ation? | | | |
| Arrears amount: \$ | Account# | | | | | |
| County name of Friend of the Court: _ | | (ex. Wayne | e County, Oaklar | nd County, etc.) | | |
| (You must stay current on child suppo | rt payments whi | ile in Chapt | er 13 or yo | ur case can | be dismiss | ed) |

EXAMPLE

OF WHAT YOUR LIST OF CREDITORS SHOULD LOOK LIKE

| ACCOUNT NAME & ADDRESS | Husband, Wife, Joint, Cosigner- AMOUNT OWED | | | Type of Debt- Car loan, mortgage, credit card, medical, utility, school loan, repo deficiency, bank loan, etc | |
|--|---|--------|--------|---|-----------------------------|
| Country Wide Home Loans | Н | W | J | С | Account# 55512360-46598 |
| PO BOX 660694 DALLAS, TX 75266 | \$ 125 | ,000.0 | 00 | | MORTGAGE |
| GMAC PO BOX 5055 | Н | W | J | С | Account# 2671123 |
| TROY, MI 48007 | \$ | 11,50 | 0.00 | | CAR LOAN |
| OSI COLLECTION 1375 E. WOODFIELD. RD. | Н | W | J | С | Account# 366310001 |
| SCHAUMBURG, IL 60173 | \$ | 525. | 00 | | COLLECTION FOR CAPITAL ONE |
| DTE ENERGY 3200 HOBSON | Н | W | J | С | Account# 285300021 |
| DETROIT, MI 48201 | \$ | 1,10 | 00.00 | | UTILITY |
| FIRST BANK OF MARIN PO BOX 1001 | Н | W | J | С | Account# 5411-2626-0011 |
| SACRE MENTO, CA 90073 | \$ | 5,3 | 00.00 | | CREDIT CARD |
| FIRST FEDERAL BANK PO BOX 89824 | Н | W | J | С | Account# 23162 |
| CLEVELAND, OH 44101 | \$ | 7,0 | 00.00 | ı | PERSONAL LOAN |
| PROVIDIAN PO BOX 2653 | Н | W | J | С | Account# 6213-1125-0233-410 |
| LOS ANGLES, CA 90060 | \$ | 10,0 | 00.00 | ı | CREDIT CARD |
| FORD MOTOR CREDIT PO BOX 100 | Н | W | J | С | Account# ABAE123456 |
| DEARBORN, MI 48126 | \$ | 6 | ,400.0 | 00 | REPOSSESSION BALANCE |
| U.S. DEPARTMENT OF EDUCATION | Н | W | J | С | Account# 368-00-0001 |
| PO BOX 1920 ST. PAUL, MN 55101 | \$ | 3, | 0.00 | 0 | STUDENT LOAN |
| | | | | | |

| ACCOUNT NAME & ADDRESS | Husband, Wife, Joint, Co- signer- AMOUNT OWED | | | ner- | | Type of Debt- Car loan, mortgage, credit card, medical, utility, school loan, repo deficiency, bank loan, etc |
|------------------------|---|---|---|------|---|---|
| | | Н | W | J | С | Account #: |
| | \$ | | | | | Date: Type of debt:: |
| | | Н | W | J | С | Account #: |
| | \$ | | | | | Date: Type of debt: |
| | | Н | W | J | С | Account #: |
| | \$ | | | | | Date: Type of debt: |
| | | Н | w | J | С | Account #: |
| | \$ | | | | | Date: Type of debt: |
| | | Н | w | J | С | Account #: |
| | \$ | | | | | Date: Type of debt: |
| | | Н | W | J | С | Account #: |
| | \$ | | | | | Date: Type of debt: |
| | | Н | W | J | С | Account #: |
| | \$ | | | | | Date; Type of debt |
| | | Н | W | J | С | Account #: |
| | \$ | | | | | Date: Type of debt: |
| | | Н | W | J | С | Account #: |
| | \$ | | | | | Date: Type of debt: |
| | | Н | W | J | С | Account #: |
| | \$ | | | | | Date: Type of debt |

LIST ALL DEBTS-INCLUDING CAR LOANS, MORTGAGES, UTILITIES, STUDENT LOANS, WHETHER OR NOT THE DEBT IS CANCELED BY BANKRUPTCY. **USE ADDITIONAL SHEETS IF NEEDED.**