

CLIENT PERSONAL INFO SHEET

Office Use Only	
Monthly Pmt:	\$
W- BW- SM-M:	\$
Plan Length:	
CHAPTER:	
EMRGENCY	

DATE: _____

PERSONAL INFORMATION: (Please print) *If married please list husband first.

How did you hear about us from? _____

Have you ever filed for bankruptcy? ____ Yes ____ No If yes, when and what state? _____

Marital Status: ____ Married ____ Single ____ Separated ____ Divorced ____ Widow

NAME: (Individual Debtor) _____	NAME: (Joint Debtor) _____
_____	_____
(first) (middle) (last)	(first) (middle) (last)
Social Security Number: _____ - _____ - _____	Social Security Number: _____ - _____ - _____
Date of Birth: ____ - ____ - ____	Date of Birth: ____ - ____ - ____

Have you been known by any other name within the last six (8) years? _____

PHYSICAL ADDRESS:	ADDRESS: *If different from spouse, please provide below:
Street _____ City _____	Street _____ City _____
State _____ Zip _____ County _____	State _____ Zip _____ County _____
Home: _____ Cell: _____	Email: _____

Do you have a mailing address? If yes, please provide. _____ City _____ State _____ Zip _____

Have you been at the same address for the last three years? _____ If no, please provide your last known address:

Street _____ City _____ State _____ What years did live at this address? _____

EMPLOYMENT: *Please list husband first if married.	
(Debtor)	(Co-Debtor)
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Employer Phone: _____	Employer Phone: _____
Employer Address: _____	Employer Address: _____
How long have you been employed by this job? _____	How long have you been employed by this job? _____
<u>How often do you get paid?</u> (Please Circle)	<u>How often do you get paid?</u> (Please Circle)
Weekly - bi-weekly - semi-monthly or monthly	Weekly - bi-weekly - semi-monthly or monthly
Monthly Gross Income: \$ _____	Monthly Gross Income: \$ _____
Other Income	Other Income
Disability? If yes how much? _____	Disability? If yes how much? _____
Social Security? If yes how much? _____	Social Security? If yes how much? _____
Child Support? If yes how much? _____	Child Support? If yes how much? _____
Alimony? If yes how much? _____	Alimony? If yes how much? _____
Retirement? If yes how much? _____	Retirement? If yes how much? _____
Military? If yes how much? _____	Military? If yes how much? _____
Food Stamps? If yes how much? _____	Food Stamps? If yes how much? _____
Other income? _____	Other income? _____

FEDERAL LAW REQUIRES YOU TO PROVIDE ALL INCOME FROM PAST 6 MONTHS:

*Have you received any income from any other source that is not listed above within the last 6 months? Yes No

If yes, please list all sources _____

DEPENDENTS (List only those you can declare on your income tax)

Number of dependents? _____ Please list their age(s) and gender: _____

CHILD SUPPORT/ALIMONY SUPPORT: (If you owe any back child support\alimony)

1.) Do you currently make child support\Alimony payments? _____
 If yes, what is the amount you pay? _____

2.) Are you behind on your child support\Alimony payments? _____
 If yes, what is the total amount you are behind? _____

List the name and address you pay your child support\alimony to. _____

LEASES/CONTRACTS (Please provide)

Rent-to-Own/Leases: Mo. Payment \$ _____ Creditor: _____ Address: _____

Items Purchased: _____ How many months remaining? _____

RETIREMENT ACCOUNTS/EDUCATIONAL IRA/529 PLANS

1.) Do you have an interest in a Retirement Plan/401k or IRA? _____
 If yes, what is the account balance? \$ _____

2.) Do you have an interest in an Educational IRA? _____
 If yes, what is the account balance? \$ _____

SECURED DEBTS: (If you are currently buying a home)

Are you currently renting your place of residence? _____

Is your home in foreclosure? Yes No If yes, when is the date the home is set to be sold? _____

What is the fair market value of your home? \$ _____ Original Purchase Price: \$ _____

Is your home a mobile home? Yes No Date Purchased: _____

Do you own or rent the lot the mobile home is on? _____

HOME LOANS: PLEASE LIST ALL REAL PROPERTY IN YOUR NAME PAID FOR OR OTHERWISE.

<u>Please list all below:</u> <u>1st Mortgage</u> <u>2nd Mortgage</u> <u>3rd Mortgage</u> <u>Or Land</u> <u>(Please specify what</u> <u>kind of loan)</u>	<u>Monthly</u> <u>Payment</u>	<u>Is your real</u> <u>estate and</u> <u>insurance</u> <u>included in</u> <u>payment? Yes or</u> <u>No</u> <u>(Please Circle)</u>	<u>IMPORTANT!</u> <u>You MUST</u> <u>provide the</u> <u>payoff on your</u> <u>home. If debt</u> <u>is paid in full,</u> <u>please list as</u> <u>PIF.</u>	<u>Are you behind</u> <u>on your loan?</u> <u>Yes or No</u> <u>(Please Circle)</u>	<u>Co-Debtor If</u> <u>filing joint (do</u> <u>not list spouse)</u>	<u>Office Use Only</u>
1.	\$	Yes or No	\$	Yes or No		
2.	\$	Yes or No	\$	Yes or No		
3.	\$	Yes or No	\$	Yes or No		
4.	\$	Yes or No	\$	Yes or No		

AUTO LOANS: PLEASE LIST ALL VEHICLES IN YOUR NAME PAID FOR OR OTHERWISE.

<u>Auto-Yr/Make/Trim</u>	<u>Creditor</u>	<u>Monthly Payment</u>	IMPORTANT! You MUST list the payoff on you auto; if debt is paid in full. Please list as PIF	<u>Purchase Date</u>	<u>Co-Debtor- If filing Joint (do not list spouse)</u>	<u>Mileage for Each Vehicle</u>
<u>Ex. 06 Ford Taurus ES</u>						
1.						
2.						
3.						
4.						

RECREATIONAL VEHICLES, MOTORCYLES, BOATS AND/OR OTHER SECURED DEBTS SUCH AS FURNITURE AND JEWELRY: PLEASE LIST ALL RV'S, MOTORCYCLES, ATV's, CAMPERs, BOATS IN YOUR NAME PAID FOR OR OTHERWISE.

<u>Items-Yr/Make</u>	<u>Creditor</u>	<u>Monthly Payment</u>	IMPORTANT! You MUST list the payoff on your debt; if debt is paid in full. Please list as PIF	<u>Purchase Date</u>	<u>Co-Debtor If filing joint (do not list spouse)</u>	<u>Fair Market Value if sold today?</u>
<u>Ex. 01 Honda Atv</u>						
1.			\$			
2.			\$			
3.			\$			
4.			\$			

PRIORITY DEBTS: (TAXES) –Please provide the following information below:

Have you filed all your state & federal tax returns for the last four (4) years? _____

Did you receive a federal tax refund this previous year? If, yes; what was the amount? \$ _____

Do you expect to receive a federal tax refund next year? _____

<u>List if you owe for Federal, State, Personal Property or Real Estate Taxes</u>	<u>Amount you owe</u>	<u>What years do you owe?</u>	<u>Did you file your tax returns for these years on time?</u>	<u>Do you have a Tax Lien against your property?</u>	<u>Did you file your taxes individual or Joint?</u>	<u>Office Use Only</u>
<u>Ex. Pulaski Real Estate</u>			(Please Circle)	(Please Circle)	(Please circle)	
1. IRS	\$		Yes or No	Yes or No	Individual or Joint	
2. DF&A	\$		Yes or No	Yes or No	Individual or Joint	
3. County	\$		Yes or No			
4.	\$		Yes or No			

Do any of the following questions pertain to you?

1. Total of Student Loans \$ _____ Are they currently due? _____

2. Any checks outstanding due to insufficient funds? \$ _____

3. Do you have any checks currently with check cashing companies? Yes No

4. Are any of your debts due to a property settlement or divorce decree? Yes No

If so, please list the name and address of the ex-spouse or other. _____

5. Do you have a claim where you can file a lawsuit to collect for damages to your person or property?
(ex. Personal Injury Lawsuit)

Yes No

If yes, who is your attorney representing you and what does the lawsuit refer to? _____

6. Do you have lawsuits against you? Yes No If yes, by whom? _____

7. Do you have any judgments against you? Yes No

If yes, by whom? _____

8. Are your wages now being garnished? Yes No If yes, by whom? _____

9. Have you made any transfers of any kind of property or cashed in any retirement, etc. within the last **three years**? Yes No

If yes, please explain. _____

APPROXIMATE INCOME

Year to Date Income (2010): \$ _____ (Gross-before taxes)

2009 Income: \$ _____ (Gross-before taxes)

2008 Income: \$ _____ (Gross- before taxes)

BUDGET- APPROXIMATED MONTHLY EXPENSES (if separate living expenses –please provide)

	Debtor	Spouse
Rent/Mortgage	\$ _____	_____
Lot Rent	\$ _____	_____
Electric	\$ _____	_____
Centerpoint Energy (Arkla) Gas	\$ _____	_____
Water & Sewer	\$ _____	_____
Home Phone	\$ _____	_____
Cell Phone	\$ _____	_____
Internet	\$ _____	_____
Cable/Satellite	\$ _____	_____
Garbage Pickup	\$ _____	_____
Security Alarm System	\$ _____	_____
Storage Unit	\$ _____	_____
Home Maintenance	\$ _____	_____
Food	\$ _____	_____
Clothing	\$ _____	_____
Laundry & Dry Cleaning	\$ _____	_____
Medical Prescriptions/Dental/Vision Expenses	\$ _____	_____
Transportation (not including car payment)	\$ _____	_____
Recreation, Clubs & Entertainment, Newspapers, Magazines	\$ _____	_____
Charitable Contributions (that you can prove)	\$ _____	_____
HomeOwners Insurance (not including in home payment)	\$ _____	_____
Renter insurance	\$ _____	_____
Life Insurance (not including in paycheck)	\$ _____	_____
Health Insurance (not including in paycheck)	\$ _____	_____
Auto Insurance (not including in paycheck)	\$ _____	_____
Burial Insurance	\$ _____	_____
Other Insurance (please specify) _____	\$ _____	_____
Real Estate Taxes (not included in home payment)	\$ _____	_____
Personal Property Taxes/Tags	\$ _____	_____
Child Care	\$ _____	_____
Child Support (not including in paycheck)	\$ _____	_____
Alimony Support (not including in paycheck)	\$ _____	_____

(Self-Employed Debtors Only)

Describe Regular Monthly Expenses from Business

1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____