

GENERAL CONTACT INFORMATION

Name:

Street Address:

City:

State:

ZIP Code:

E-mail Address:

Home Phone

Business Phone

Cell Phone

GENERAL QUESTIONS:

Have you filed bankruptcy in the past eight years? *(Yes - No)*

If yes, please provide estimated dates of filing.

Have you lived in Louisiana for the last 2 years?

If not, what state were you living in 2 & ½ years ago:

What is your marital status? *(Single - Married - Divorced - Separated)*

If you are married, how long have you have been married?

If you are divorced, how long it has been since your divorce?

If you are married, do you intend to file bankruptcy by yourself or with your spouse? *(By myself - With my Spouse)*

How many people (including yourself) live in your household?

Please indicate whether you own your home or other real estate, are purchasing your home or other real estate, are renting or are living with friend/relatives. *(Own - Buying - Renting - Live with friends/relatives)*

Is someone threatening to repossess your vehicle? *(Yes - No)*

Is someone threatening to garnish your paycheck? *(Yes - No)*

Is someone threatening to foreclose on your home? *(Yes - No)*

INCOME

Your Income

How many jobs have you had in the last six (6) months? *(1 - 2 - 3 or more)*

Have you received income from **employment** in the last six (6) months? *(Yes - No)*

Have you received income from the **operation of a business** in the last six (6) months? *(Yes - No)*

Have you received income from **rental, real property or real estate** in the last six (6) months? *(Yes - No)*

Have you received income from **interest dividends or royalties** in the last six (6) months? *(Yes - No)*

Have you received income from **pension or retirement** income in the last six (6) months? *(Yes - No)*

Have you received income from **child support or alimony** in the last six (6) months? *(Yes - No)*

Have you received **contributions from others to assist with household expenses** in the last six (6) months? *(Yes - No)*

Have you received **unemployment compensation** in the last six (6) months? *(Yes - No)*

Have you received income from **social security** in the last six (6) months? *(Yes - No)*

Have you received **food stamps** in the last six (6) months? *(Yes - No)*

Have you received income from **any other source** in the last six (6) months? *(Yes - No)*

Enter your **monthly** gross pay (before taxes).

Enter your **monthly** take home pay (after taxes).

Enter the **monthly** amount deducted from your pay for insurance.

Enter the **monthly** amount deducted from your pay for retirement.

If you are receiving income from other sources than employment wages (e.g. second job, operation of business, rental income, investments, retirement, child support, unemployment, social security, worker's compensation, rental income, etc.), please enter the source and the amount.

Your Spouse's Income

(Answer the questions in this section even if your spouse is not filing with you).

How many jobs has your spouse had in the last six (6) months? *(1 - 2 - 3 or more)*

Has your spouse received income from **employment** in the last six (6) months? *(Yes - No)*

Has your spouse received income from the **operation of a business** in the last six (6) months? *(Yes - No)*

Has your spouse received income from **rental, real property or real estate** in the last six (6) months? *(Yes - No)*

Has your spouse received income from **interest, dividends or royalties** in the last six (6) months? *(Yes - No)*

Has your spouse received income from **pension or retirement** income in the last six (6) months? *(Yes - No)*

Has your spouse received income from **child support or alimony** in the last six (6) months?
(Yes - No)

Has your spouse received **contributions from others to assist with household expenses** in the last six (6) months?_(Yes - No)

Has your spouse received **unemployment compensation** in the last six (6) months? (Yes - No)

Has your spouse received income from **social security** in the last six (6) months? (Yes - No)

Has your spouse received **food stamps** in the last six (6) months? (Yes - No)

Has your spouse received income from **any other source** in the last six (6) months? (Yes - No)

Enter your spouse's **monthly** gross pay (before taxes).

Enter your spouse's **monthly** take home pay (after taxes).

Enter the **monthly** amount deducted from your spouse's pay for insurance.

Enter the **monthly** amount deducted from your spouse's pay for retirement.

If you are receiving income from other sources than employment wages (e.g. second job, operation of business, rental income, investments, retirement, child support, unemployment, social security, worker's compensation, rental income, etc.), please enter the source and the amount.

MONTHLY EXPENSES

What are your normal **monthly** expenses for each of the items below?

Mortgage Payment/ Rent:

Electricity:

Gas/Heating:

Water/Trash:

Home Phone:

Cell Phone:

Internet:

Cable TV/Satellite:

Food:

Gasoline/Car Maintenance and Repairs:

Real Estate Taxes (not included in home mortgage):

Homeowner's or Renter's Insurance (not included in mortgage):

Life Insurance (not already deducted from pay);

Auto Insurance:

Charitable Contributions:

Medicines/Co-pays/Prescriptions:

Veterinary/Pet Supplies:

HOME MORTGAGE LOANS

Please indicate whether you own your home, are purchasing your home or other real property, are renting or are living with friend/relatives. (*Own - Buying - Renting - Live with friends/relatives*)

Enter the name of your first mortgage holder.

Enter your estimated first mortgage loan balance.

Are you behind according to the original mortgage contract? *(Yes - No)*
If you are behind, what is the total amount needed to be completely current?

Enter the name of your second mortgage holder.
Enter your estimated second mortgage loan balance.
Are you behind according to the original mortgage contract? *(Yes - No)*
If you are behind, what is the total amount needed to be completely current?

Please indicate if you are facing foreclosure.
If you are facing foreclosure, please enter the foreclosure date.

Please enter any other liens against your property. A lien is a legal claim against a property, such as for unpaid bills for home improvements.

VEHICLE LOANS

Enter the year, make, and model of vehicle number 1.
Enter the name of the Company you owe on vehicle 1.
Provide the estimated date the loan on vehicle 1 was incurred.
Please provide the estimated loan balance of vehicle number 1.
Are you behind according to the original contract? *(Yes - No)*
If you are behind, what is the total amount needed to be completely current?

Enter the year, make, and model of vehicle number 2.
Enter the name of the Company you owe on vehicle 2.
Provide the estimated date the loan on vehicle 2 was incurred.
Please provide the estimated loan balance of vehicle number 2.
Are you behind according to the original contract? *(Yes - No)*
If you are behind, what is the total amount needed to be completely current?

Enter the year, make, and model of vehicle number 3.
Enter the name of the Company you owe on vehicle 3.
Provide the estimated date the loan on vehicle 3 was incurred.
Please provide the estimated loan balance of vehicle number 3.
Are you behind according to the original contract? *(Yes - No)*
If you are behind, what is the total amount needed to be completely current?

OWNED VEHICLES & OTHER ASSETS (Free & Clear)

Do you own any real estate or rental property, including land, homes, or mobile homes? *(Yes - No)*

If yes, please enter a description and estimated value of the item.

Have you entered into or been approached about entering into any oil gas or mineral lease on real estate that's in your name? *(Yes - No)*

If yes, please enter a description and estimated value of the item.

Do you own any vehicles, motorcycles, boats, utility trailers, jet skis, or 4 wheelers? *(Yes - No)*

If yes, please enter a description and estimated value of the item.

Do you have any savings or checking accounts with more than \$500 in them? *(Yes - No)*

If yes, please enter a description and estimated value of the item.

Do you have any Certificates of Deposit, Stocks or Bonds? *(Yes - No)*

If yes, please enter a description and estimated value of the item.

Do you own any guns or firearms? *(Yes - No)*

If yes, please enter a description and estimated value of the item.

Do you have any pending lawsuits or claims against someone where you are suing someone?
(Yes - No)

If yes, please enter a description and estimated value of the item.

Do you own heir property, have you inherited or do you have the right to inherit any property?
(Yes - No)

If yes, please enter a description and estimated value of the item.

Do you anticipate a tax refund. *(Yes - No)*

If you are anticipating a tax refund, please enter the anticipated amount.

TAX DEBTS

Do you filed all your required federal and state tax returns for the last 4 years? *(Yes - No)*

If not, what tax returns are unfiled?

Do you owe any money to the Internal Revenue Service? *(Yes - No)*

If you owe money to the Internal Revenue Service, for what tax years do you owe?

If you owe money to the Internal Revenue Service, how much money do you owe?

Do you owe any money for State or Local Taxes (i.e. Louisiana Department of Revenue)? *(Yes - No)*

If you owe money for State or Local taxes, for what tax years do you owe the money?

If you owe money for State or Local taxes, how much money do you owe?

CHILD SUPPORT

Do you pay child support or spousal support (alimony)? *(Yes - No)*

If you pay anyone child support or spousal support, please enter the name(s) of the recipient and the amount you pay.

Are you behind on your payments? *(Yes - No)*

If you are behind, what is the total amount needed to be completely current?

STUDENT LOANS

Do you have any unpaid student loans? *(Yes - No)*

If you have unpaid student loans, please enter the unpaid balance.

COSIGNED DEBT

Do you have any unpaid loans where you cosigned for someone else or someone else cosigned for you? *(Yes - No)*

If yes, please enter a description of who you owe the debt to, an estimated total balance, who the cosigner is and who is primarily responsible for paying.

OTHER DEBT

Have you purchased any secured items on which you still owe money? *(Yes - No)*

If yes, please enter a description of who you owe and an estimated total balance.

Have you taken out a loan from a finance company, credit union, bank or any other place and secured the loan by household items or other type of secured collateral. (*Yes - No*)

If yes, please enter a description of who you owe and an estimated total balance.

Please list all judgments, lawsuits, liens and garnishments against you. Please list all judgments, lawsuits, liens and garnishments against you.

Please enter the total estimated balance owed on all credit cards.

Please enter the total estimated balance owed on all pay day loans.

Please enter the estimated balance owed on your medical bills.

Please enter the estimated balance owed on overdraft or NSF (not sufficient funds) checks.

Please enter the estimated balance owed on any other miscellaneous bill not previously mentioned.

Please enter approximate date of the last time you used any of your credit cards.

Please enter how much total owed on cards has increased in the last 12 months.

Please indicate if you have had any new cards issued in the last 12 months.

Describe any special concerns. Please describe any special concerns.

How did you hear about this Web site?