

Date _____

**KAYDEN & VAPORIS, LLC
ATTORNEYS AT LAW**

26 South Sixth Street
Indiana, PA 15701
phone - (724) 465-5653 / fax - (724) 465-5654
kaydenvaporislaw.com
email: mvaporis@comcast.net

FINANCIAL WORKSHEET

The purpose of this questionnaire is to provide sufficient information to prepare the documents necessary to file a bankruptcy petition. While this Questionnaire may seem long, many questions can be answered simply with a yes, no, or brief description. The amount of information requested reflects the legal requirements and the importance of your case.

You

Spouse or anyone with income
living in your home

Is spouse filing with you?
 No Yes

FULL NAME: _____

OTHER NAMES USED
WITHIN 8 YEARS: _____

ADDRESS: _____

CITY: _____

STATE & ZIP _____

COUNTY: _____

HOME PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

SOC. SEC. NO. _____ - _____ - _____

_____ - _____ - _____

DATE OF BIRTH: _____

PRIOR ADDRESSES IN THE LAST THREE (3) YEARS WITH NAME USED AND DATES OF RESIDENCE

Address	Name Used	Date Resided
---------	-----------	--------------

ANY PENDING OR PRIOR BANKRUPTCIES WITHIN LAST EIGHT (8) YEARS:

No Yes If yes, please list:

When	Case Number (if known)	Where did you file?
------	------------------------	---------------------

Pending Discharged Dismissed

*

Do you rent your residence? No Yes If yes,

Name of Landlord _____

Address of Landlord _____

Security deposit \$ _____ Monthly rent \$ _____

Rental lease term: From _____ to _____

Are you behind on payment? No Yes: Amount Behind? \$ _____

REAL ESTATE (Land)

None

Real Property is land and things permanently attached to land, included are unimproved land, vacation cabins, condominiums, duplexes, rental property, business property, mobile home park spaces, agricultural land, airplane hangars, and any other buildings permanently attached to land.

Home/Real Estate Address:

Current Market Value: \$ _____ Who owns it? Self Joint Husband Wife

Type of property:

single-family home duplex condo manufactured/mobile land timeshare

Are you keeping this property? No Yes

Any mortgage, liens or claims on property? No Yes If yes:

Lien holder's Name & Address: _____

Amount Owed \$ _____ Monthly Payment: \$ _____ Date debt was incurred: _____

Account No. # _____ Interest Rate ____% Term of Loan: _____ months years

Who is responsible for debt? Self Joint Husband Wife Co-debtor

Is this automatically withdrawn from your account every month? No Yes

Are you behind on payment? No Yes: Amount Behind? \$ _____

Lien holder's Name & Address: _____

Amount Owed \$ _____ Monthly Payment: \$ _____ Date debt was incurred: _____

Account No. # _____ Interest Rate ____% Term of Loan: _____ months years

Who is responsible for debt? Self Joint Husband Wife Co-debtor

Is this automatically withdrawn from your account every month? No Yes

Are you behind on payment? No Yes: Amount Behind? \$ _____

Additional properties and liens can be listed on a separate sheet of paper with all information

Vehicle 3: Make: _____ Market Value: \$ _____
Model: _____
Year: _____ Mileage: _____

Check if this is a Leased vehicle
Who owns it? Self Joint Husband Wife
Are you keeping this vehicle? No Yes
Are there any liens or claims on this vehicle? No Yes

Lien holder's Name & Address: _____
Amount Owed \$ _____ Monthly Payment: \$ _____ Date debt was incurred: _____
Account No. # _____ Interest Rate ____% Term of Loan/Lease: _____ months
Who is responsible for debt? Self Joint Husband Wife Co-debtor
Is this automatically withdrawn from your account every month? No Yes
Are you behind on payment? No Yes: Amount Behind? \$ _____

OTHER SECURED PROPERTY

Secured property is property secured by a loan. (Example: Jewelry secured through a Kay Jewelers Card, Appliances, etc.)

Property Description: _____
Who owns it? Self Joint Husband Wife
Are you keeping this property? No Yes Market Value: \$ _____

Lien holder's Name & Address: _____
Amount Owed \$ _____ Monthly Payment: \$ _____ Date debt was incurred: _____
Account No. # _____ Interest Rate ____% Term of Loan/Lease: _____ months
Who is responsible for debt? Self Joint Husband Wife Co-debtor
Is this automatically withdrawn from your account every month? No Yes
Are you behind on payment? No Yes: Amount Behind? \$ _____

Personal Property	Do you own this type of property?	Description	Used Market Value	Owned by:
Household goods & furnishings <i>(Major appliances, furniture, linens, china, kitchenware, etc.)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other
Electronics <i>TVs, stereos, computers, game consoles, tablets, iPods, mobile phones, etc.)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other
Collectibles of value <i>art, paintings, prints, memorabilia, antiques, stamp/coin/card collections, etc.)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other
Sports, photo, exercise, & other hobby equipment; musical instruments	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other
Firearms, ammunition, & related equipment	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other
Jewelry	<input type="checkbox"/> No <input type="checkbox"/> Yes		\$	<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other

Clothes \$ _____

Pets/Non-Farm Animals Description _____ Value: \$ _____

FINANCIAL ASSETS

Cash (*spare change/money in purse, wallet, not in account*) \$ _____

Checking Acct.: None

Bank Name: _____ Balance \$ _____ Owned by: _____

Bank Name: _____ Balance \$ _____ Owned by: _____

Bank Name: _____ Balance \$ _____ Owned by: _____

Savings Acct.: None

Bank Name: _____ Balance \$ _____ Owned by: _____

Bank Name: _____ Balance \$ _____ Owned by: _____

CDs (Certificate of Deposits)

Bank Name: _____ Value \$ _____ Owned by: _____

Bonds, mutual funds, and publicly traded stocks

Bank Name: _____ Value \$ _____ Owned by: _____

Non-publicly traded stocks and interests in businesses, corporations, LLCs, partnerships, & joint ventures (List % of ownership)

Bank Name: _____ Value \$ _____ Owned by: _____

Government & corporate bonds & instruments (including U.S. Savings Bonds)

Bank Name: _____ Value \$ _____ Owned by: _____

Retirement, pension or profit-sharing plans (IRA, 401k, 403b, thrift savings, etc.) (List type of plan & where account held)

Institution Name: _____ Type of Account: _____

Balance: \$ _____ Owned by: _____

Retirement, pension or profit-sharing plans (IRA, 401k, 403b, thrift savings, etc.) (List type of plan & where account held)

Institution Name: _____ Type of Account: _____

Balance: \$ _____ Owned by: _____

Security deposits (Typically with landlord or utility) Value: \$ _____ Owned by: _____

Holder Name & Address: _____

Annuities Value: \$ _____ Owned by: _____

Issuer name and description

Insurance policies Type of policy: _____ Cash/Surrender Value: \$ _____

Insurance company name _____ Beneficiary _____

Insurance policies Type of policy: _____ Cash/Surrender Value: \$ _____

Insurance company name _____ Beneficiary _____

Insurance policies Type of policy: _____ Cash/Surrender Value: \$ _____

Insurance company name _____ Beneficiary _____

Check any that apply:

_____ **Prepayments** (Prepaid rent, layaway, gift cards, etc.)

_____ **Education IRA, Sec. 529 or Sec. 530 account, state tuition plan**

_____ **Trusts, life estates, future & equitable interests in property or assets**

_____ **Patents, copyrights, trademarks, trade secrets & other intellectual property**

_____ **Licenses, franchises & other general intangibles**

_____ **Tax refunds owed to you** Type of tax _____ Year _____ Amount \$ _____

_____ **Alimony & child support** (Only money OWED to you, NOT what you owe)

_____ **Other amounts someone owes you** (Unpaid wages, disability, sick & vacation pay, worker's compensation, unpaid loans made by you, etc.)

_____ **Inheritances, estate distributions & death benefits**

_____ **Personal injury claims or awards**

_____ **Lawsuits or claims against anyone for anything**

_____ **All other claims or rights to sue someone**

_____ **Any other financial asset not listed**

BUSINESS RELATED ASSETS

- _____ **Account receivable or commissions earned**
- _____ **Office equipment, furnishings & supplies**
- _____ **Machinery, fixtures, equipment, business supplies & tools of your trade**
- _____ **Business inventory**
- _____ **Interests in partnerships or joint ventures (Name & type of business, % interest)**
- _____ **Customer & mailing lists**
- _____ **Other business-related property not already listed**
- _____ **Farm & Commercial Fishing-Related Property**
- _____ **Farm animals** (*Livestock, poultry, farm –raised fish, etc.*)
- _____ **Crops** (*Growing or harvested*)
- _____ **Farm & commercial fishing equipment, implements, machinery, fixtures & tools of trade**
- _____ **Farm & commercial fishing supplies, chemicals & feed**

LIST OF DEBTS

	Creditor Information	Person(s) Responsible
--	-----------------------------	------------------------------

Type of Debt		
<p>Credit cards, unpaid medical and other unsecured debts.</p> <p>What was purchased with credit card or unsecured debt?</p>	<p>1. Amount owed</p> <p>2. Creditor Name & Address</p> <p>3. Account number, if any</p> <p>4. Date last used</p>	<p>Whose debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other</p> <p>Is there a co-debtor or co-signer?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, provide name & address of co-debtor/co-signer.</p>
<p>Credit cards, unpaid medical and other unsecured debts.</p> <p>What was purchased with credit card or unsecured debt?</p>	<p>1. Amount owed</p> <p>2. Creditor Name & Address</p> <p>3. Account number, if any</p> <p>4. Date last used</p>	<p>Whose debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other</p> <p>Is there a co-debtor or co-signer?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, provide name & address of co-debtor/co-signer.</p>
<p>Credit cards, unpaid medical and other unsecured debts.</p> <p>What was purchased with credit card or unsecured debt?</p>	<p>1. Amount owed</p> <p>2. Creditor Name & Address</p> <p>3. Account number, if any</p> <p>4. Date last used</p>	<p>Whose debt?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Joint</p> <p><input type="checkbox"/> Other</p> <p>Is there a co-debtor or co-signer?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, provide name & address of co-debtor/co-signer.</p>
Type of Debt	Creditor Information	Person(s) Responsible

<p>Credit cards, unpaid medical and other unsecured debts.</p> <p>What was purchased with credit card or unsecured debt?</p>	<p>1. Amount owed</p> <p>2. Creditor Name & Address</p> <p>3. Account number, if any</p> <p>4. Date last used</p>	<p>Whose debt?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other</p> <p>Is there a co-debtor or co-signer?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, provide name & address of co-debtor/co-signer.</p>
<p>Credit cards, unpaid medical and other unsecured debts.</p> <p>What was purchased with credit card or unsecured debt?</p>	<p>1. Amount owed</p> <p>2. Creditor Name & Address</p> <p>3. Account number, if any</p> <p>4. Date last used</p>	<p>Whose debt?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other</p> <p>Is there a co-debtor or co-signer?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, provide name & address of co-debtor/co-signer.</p>
<p>Credit cards, unpaid medical and other unsecured debts.</p> <p>What was purchased with credit card or unsecured debt?</p>	<p>1. Amount owed</p> <p>2. Creditor Name & Address</p> <p>3. Account number, if any</p> <p>4. Date last used</p>	<p>Whose debt?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other</p> <p>Is there a co-debtor or co-signer?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, provide name & address of co-debtor/co-signer.</p>
<p>Type of Debt</p>	<p>Creditor Information</p>	<p>Person(s) Responsible</p>

<p>Unpaid taxes (Federal, state, local, property, etc)</p> <p>Tax year owed</p> <p>Type of tax owed</p>	<p>1. Amount owed</p> <p>2. Agency Name & Address</p> <p>3. Account number, if any</p> <p>4. Date incurred</p>	<p>Whose debt?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other</p> <p>Is there a co-debtor or co-signer?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, provide name & address of co-debtor/co-signer.</p>
<p>Student Loan</p>	<p>1. Amount owed</p> <p>2. Creditor Name & Address</p> <p>3. Account number, if any</p> <p>4. Date incurred</p>	<p>Whose debt?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other</p> <p>Is there a co-debtor or co-signer?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, provide name & address of co-debtor/co-signer.</p>
<p>Domestic support obligations <i>Alimony, spousal support, child support</i></p> <p>Name & Address of who support is owed to</p>	<p>1. Amount owed</p> <p>2. Agency Name & Address</p> <p>3. Account number, if any</p> <p>4. Date incurred</p>	<p>Whose debt?</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> Other</p> <p>Is there a co-debtor or co-signer?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, provide name & address of co-debtor/co-signer.</p>

Unexpired Leases & Contracts

Type of lease or contract (*Rent, Utility, Furniture, etc.*)

Description of lease/contract: _____ Expiration _____

Name & Address of lessee _____

Describe any increase or decrease of more than 10% in income or expenses expected to occur in the following year.

Do you expect to get a tax refund for the next tax year? _____

How much did you get last year? _____

How much do you anticipate receiving the next tax year? _____

List any item purchased from a store using the store credit card within the last 2 years.
(*Example: Stove purchased from Sears or Lowes using the store charge card.*)

Household information

Current Marital Status:

- Married Widowed Separated Single Divorced

Total Number of People Living in Household _____

You

Spouse or anyone with income
living in your home

Occupation _____

Length of Employment _____

Employer Name _____

Employer Address _____

Employer Phone _____

Dependents:

Name: _____

Relationship: _____ Age: _____

Does this dependent live with you? _____

Name: _____

Relationship: _____ Age: _____

Does this dependent live with you? _____

Name: _____

Relationship: _____ Age: _____

Does this dependent live with you? _____

Name: _____

Relationship: _____ Age: _____

Does this dependent live with you? _____

CURRENT MONTHLY HOUSEHOLD INCOME

Please provide most recent 6 months of income for each income source

	You	Spouse or anyone earning income living in home
Income from Employment		
Currently monthly gross wages, salary commissions		
How often paid?		
Estimated monthly overtime		
Tax deductions		
Insurance deductions		
Union dues		
401k, pension, SERS, retirement, etc.		
Is this mandatory or voluntary?		
Other payroll deductions		
Other Income		
Monthly income from real estate or rental property		
Monthly interest & dividends		
Support payments		
Social security/Gov't assistance		
Public assistance (cash & food stamps)		
Pension / Retirement income		
Unemployment		
Other monthly income (<i>Specify</i>)		

CURRENT MONTHLY EXPENSES

Do NOT include expenses deducted from pay

\$	Home mortgage / Rent
\$	Additional mortgage payments
\$	Real estate taxes if not included in mortgage
\$	Home owners insurance if not included in mortgage or rental insurance
\$	Home maintenance
\$	Homeowners association or condo dues
\$	Electricity, heat, gas
\$	Water, sewer, garbage
\$	Telephone, cell phone, internet, satellite, cable
\$	Other: specify
\$	Food & housekeeping supplies
\$	Childcare & school expenses
\$	Clothing, laundry & dry cleaning
\$	Personal care products & services
\$	Medical & dental expenses
\$	Transportation (<i>gas, maintenance, public fare</i>)
\$	Entertainment, clubs, subscriptions
\$	Charitable contributions/religious donations
\$	Life insurance –paid out of pocket (not deducted from wages)
\$	Health insurance – paid out of pocket (not deducted from wages or social security)
\$	Auto insurance
\$	Other insurance: specify
\$	Other taxes: specify
\$	Car payment
\$	Car payment
\$	Other: specify (student loan)
\$	Support payments not deducted from wages
\$	Payments made to support others who do not live with you.
\$	Operation of business or rental (attached income/expense sheet)
\$	Holiday/Birthday
\$	Home security
\$	Pet care
\$	Tobacco/Alcohol

STATEMENT OF FINANCIAL AFFAIRS

1. List **all income** from employment, operation of business, retirement, disbursements, unemployment, social security, disability, etc. for the past two (2) years: Please provide copies of Federal Tax Returns, W2s, 1099s, etc. to the office

Employer name	Amount	Year

2. **Payments to creditors** totaling more than \$600 during the past 90 days: mortgage, rent, car, student loan, etc.

Creditor	Amount Paid	Dates Paid

3. **Payments made to family** or close friends during the past year.

Name & Address	Reason for payment	Amount paid	Relationship	Date

4. Were you **sued** or did you sue anyone in the past year?

Caption of suit & case number if known	Reason Sued	Court location	Status

5. **Property Attached, Garnished, Seized, Repossessed, Foreclosed or Returned** under legal process in the past one year

Creditor Name & Address	Date of Seizure	Description & value of property
-------------------------	-----------------	---------------------------------

6. Describe any **transfer of property** (example real estate transfers, automobile title transfers, etc.) OR property which has been in the hands of a custodian, receiver, or court-appointed official made within the past two (2) years.

Property transferred & value	Name & address of property transferred to	Date transfer was made
------------------------------	---	------------------------

7. List all **gifts or charitable contributions** totaling more than \$200 per family member and/or \$100 per charitable recipient made during the last year.

Name & Address	Relationship if any	Description & value of gift	Date given
----------------	---------------------	-----------------------------	------------

8. **Losses:** List all losses from fire, theft, or gambling in the past year:

Description/Value	Covered by insurance?	Description/Circumstances	Date
-------------------	-----------------------	---------------------------	------

9. List all **payments made by you** to any person (including attorneys) for consultation concerning bankruptcy or debt consolidation within the past year.

Name & address	Date	Amount
----------------	------	--------

10. List any **payments, or transfer of property**, to any family member in the last two (2) years:

Name & Address of owner	Relationship if any	Description & value of gift	Date of transfer
-------------------------	---------------------	-----------------------------	------------------

11. **Closed financial accounts** in the past one (1) year: List checking and savings accounts, other financial accounts, CD's, shares and share accounts held in banks, credit unions, pension funds, brokerage houses, etc.

Name & Address of institution	Type of account	Last 4 digits of account	Amount	Date Closed
-------------------------------	-----------------	--------------------------	--------	-------------

12. **Safe deposit boxes** within one (1) year:

Name & Address of bank or depository	Name & Address who has access	Description of Contents
--------------------------------------	-------------------------------	-------------------------

13. **Setoffs** (Money taken from an account to repay a loan at the same bank as where your money has been deposited) List name & address of creditor, date of setoff, and amount of setoff.

Name & Address of Creditor	Date	Amount
----------------------------	------	--------

14. **Property held** for another person: All property OWNED by another person that the debtor(s) holds or controls.

Name & Address of Owner	Description of Property	Property Value	Property Location
-------------------------	-------------------------	----------------	-------------------

15. **Co-signers:** Are you a co-signer on a loan that is not a party of this bankruptcy or were you a co-signer on a loan that was paid off in full within the last year?

Co-debtor name & address: _____

Relationship to you: _____

Creditor name & address: _____

Account # _____ Date loan was incurred: _____

Paid in full within the past year? No Yes Who paid loan? _____

16. Do you or have you **own(ed) a business** in the past six (6) years: No Yes; If so state:

Name: _____

Nature of Business: _____

Address: _____

Beginning Date: _____ End Date: _____ Tax ID #
