

**CONFIDENTIAL PRE INTERVIEW WORKSHEET FOR CLIENTS OF NEUNER AND VENTURA LLP**  
**Attorneys at Law, 856-596-2828. www.nv-njlaw.com**

|                     |       |            |
|---------------------|-------|------------|
| <b>You:</b>         | Name: | Soc Sec #: |
| <b>Your Spouse:</b> | Name: | Soc Sec #: |

**Background**

| <b>Yes</b><br>(explain on back) | <b>No</b> | <b>Not sure</b><br>(bring any documents you have) | Please answer following questions by checking the correct box to left. Use space below, another sheet or space on back to provide any details.  |
|---------------------------------|-----------|---|---|
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 1. Have you used any other names in the last 8 years? (If so, list below)   |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 2. Have you owned a business that you worked for or managed, at any time in the last six years?   |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 3. Have you been in bankruptcy in the last 8 years (including cases which were dismissed)?  |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 4. In the last 6 years, have you sold, transferred or gifted anything with a value per single item over \$1000? ( <b>other than</b> normal monthly payments of loans or sales in the ordinary course of business) |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 5. In the last 12 months, have you made any gifts, payments or property transfers over \$100 per single item or \$200 per friend or family member?  |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 6. Has any of your property been levied on, seized or repossessed in the last 2 years?  |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 7. Do you pay any loans or creditors by a payroll deduction?  |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 8.. Have you co-signed or guaranteed debts for your business or for someone else, which are still unpaid?   |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 9.. Were you involved in any lawsuits in the last 12 months?  |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 10. In the last 90 days, have you paid any creditor more than \$600 (other than mortgage payments or normal monthly payments on loans)?   |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 11. Does anyone else have control or possession of any of your money or property?   |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 12. Have you transferred any property into any trusts in the last 10 years?   |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 13. Have you put money into an education IRA or 529 educational plan in the last 24 months?   |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 14. Have you moved any time in the last 6 months?   |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 15. Have you lived outside New Jersey at any time in the last 3 years?  |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 16. Has there been any change in your income in the last 6 months?  |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 17. Do you expect to see any change in your income in the next 3 months?  |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 18. Has your employer paid or reimbursed any of your expenses in the last 6 months?   |
| Y:[ ]                           | N:[ ]     | ?:[ ]   | 19. Have you received any money from any source other than pay or salary in the last 6 months?  |

Please explain any answers other than "No" on the back of this page (please bring documents with you to our meeting)

## Your Home and other Real Estate

If you own your home or other real estate, please fill out following table for each one (make copies of this page as needed):

|   |   |
|---|---|
| Address:  |   |
| Owners, other than YOU: check here if none=>[ <input type="checkbox"/> ]                              | Market value (AS IS): \$<br><small>Please bring real estate assessments, appraisals or other proof of value you may have</small>                |
| When you bought it & amount paid:   |   |
| Property taxes/yr:  | If prop taxes, water or sewer assessments are past due, how much do you owe? \$   |
| <b>FIRST MORTGAGE:</b>  | Payoff balance:   |
| Name & address:<br><small>(Bring payoff, monthly statement or escrow statement, if available)</small> | Account number:   |
|   | Payment per month: \$   |
|   | Are you current on payments? <b>Yes:</b> [ <input type="checkbox"/> ] <b>No:</b> [ <input type="checkbox"/> ]<br>If no, how far behind are you? |
| Interest rate:  | Check here if foreclosure started==> [ <input type="checkbox"/> ]<br><small>(Bring papers with you)</small>                                     |
| <b>SECOND MORTGAGE:</b>   | Payoff balance:   |
| Name & address:<br><small>(Bring payoff or escrow statement or coupon book if available)</small>      | Account number:   |
|   | Payment per month: \$   |
|   | Are you current on payments? <b>Yes:</b> [ <input type="checkbox"/> ] <b>No:</b> [ <input type="checkbox"/> ]<br>If no, how far behind are you? |
| Interest rate:  | Check here if foreclosure started==> [ <input type="checkbox"/> ]<br><small>(Bring papers with you)</small>                                     |
| <b>THIRD MORTGAGE:</b>  | Payoff balance:   |
| Name & address:<br><small>(Bring payoff stmt, escrow stmt or coupon book if available)</small>        | Account number:   |
|   | Amt of monthly payment:   |
|   | Are you current on payments? <b>Yes:</b> [ <input type="checkbox"/> ] <b>No:</b> [ <input type="checkbox"/> ]<br>If no, how far behind are you? |
| Interest rate:  | Check here if foreclosure started==> [ <input type="checkbox"/> ]<br><small>(Bring papers with you)</small>                                     |
| IF THERE ARE OTHER MORTGAGES, PLEASE PROVIDE SAME INFO ON BACK OR ON A SEPARATE SHEET.                |   |

**DO YOU OWN OTHER REAL ESTATE? [  ] NO [  ] YES.**

If so, please copy this page and fill out for each one, or provide same info on back.

**HAVE YOU SOLD OR TRANSFERRED ANY REAL ESTATE IN THE PAST 6 YEARS? [  ] NO [  ] YES**

If so, please bring closing statement, documents and deeds, if available.

**Please bring, if you have them: Real Estate listing agreements, appraisals or broker estimates of market value; Deeds and closing statements for recent sales or refinances. For mortgages: recent statements or year end notices showing balances due & any foreclosure papers.**

**AUTOMOBILES, TRUCKS, TRAILERS, AND OTHER VEHICLES:** Please provide following information for each one. (check [www.kbb.com](http://www.kbb.com) for trade-in values)

|  |  |   |
|--|--|---|
| <b>CAR/TRUCK #1: Make, model, &amp; year:</b><br><br>Check here if leased==>[ <input type="checkbox"/> ] | <b>Odometer miles:</b><br><br>Describe any mechanical problems or body damage  | <b>What do you think it's worth today?:</b><br><br>(check <a href="http://www.kbb.com">www.kbb.com</a> for trade-in values) |
|  | <b>If loan or lease on it, name and address of bank or leasing company:</b><br><br>Bring coupon book, loan or lease documents.     | <b>Monthly payment amount:</b><br><br><b>Payoff amount:</b>   |
| Account number:  | Are you current on payments?<br>Yes:[ <input type="checkbox"/> ] No:[ <input type="checkbox"/> ]<br>If no, how far behind are you? | Interest rate: _____ %<br><br># of payments left: _____   |

|  |   |   |
|--|---|---|
| <b>CAR/TRUCK #2: Make, model, &amp; year:</b><br><br>Check here if leased==>[ <input type="checkbox"/> ] | <b>Odometer miles:</b><br><br>Describe any mechanical problems or body damage   | <b>What do you think it's worth today?:</b><br><br>(check <a href="http://www.kbb.com">www.kbb.com</a> for trade-in values) |
|  | <b>If loan or lease on it, name and address of bank or leasing company:</b><br><br>Check here if leased==>[ <input type="checkbox"/> ]<br>Bring coupon book, loan or lease documents. | <b>Monthly payment amount:</b><br><br><b>Payoff amount:</b>   |
| Account number:  | Are you current on payments?<br>Yes:[ <input type="checkbox"/> ] No:[ <input type="checkbox"/> ]<br>If no, how far behind are you?  | Interest rate: _____ %<br><br># of payments left: _____   |

**Please bring: any statements showing balance due on any loan; loan or lease papers for any cars with unpaid loan or lease against them.**

**Have you given any other property (other than cars, vehicles or real estate) as collateral for a debt or obligation? (This may include major appliance purchases)**  
 [  ]yes [  ]no. [  ]Not sure If so, describe on back and bring in any papers.

**Where do you have money or property on deposit (stocks, securities, savings, credit union or checking accounts, CD's, landlord or security deposits) now? (Bring in the 2-3 latest statement you have available for each account):**

| <u>Bank or brokerage co. etc.</u> | <u>Acct number</u> | <u>Owned by</u> | <u>Current value</u> |
|-----------------------------------|--------------------|-----------------|----------------------|
|                                   |                    |                 |                      |
|                                   |                    |                 |                      |
|                                   |                    |                 |                      |
|                                   |                    |                 |                      |

**Have you closed any such accounts in the past 2 years? [ ] yes. Info on back. [ ] NO.**

**DO YOU OWN OR HAVE ANY OF THE FOLLOWING:**

| YES | NO | ITEM   |
|-----|----|--|
|     |    | <b>Boats, motors or accessories</b>  |
|     |    | <b>Livestock, poultry, and other animals</b>   |
|     |    | <b>Farming equipment, supplies and implements</b>  |
|     |    | <b>Office equipment, furnishings, or supplies</b>  |
|     |    | <b>Machinery, fixtures, or other equipment</b>   |
|     |    | <b>Inventory (things you hold for sale to others)</b>  |
|     |    | <b>Patents, copyrights, trademarks, franchises, or other similar rights</b>  |
|     |    | <b>Antiques, collectibles or collections with resale value</b>   |
|     |    | <b>Rights to an inheritance, property, or life insurance proceeds from someone who has already died</b>  |
|     |    | <b>Safety deposit boxes (if so, where is it and what's in it?)</b>   |
|     |    | <b>Annuities (bring recent statements)</b>   |
|     |    | <b>Life insurance with cash value (Bring recent statements &amp; policy documents)</b>   |
|     |    | <b>Pensions or profit sharing plans (bring recent statements)</b>  |
|     |    | <b>IRA's or KEOGH Plans (Bring recent statements &amp; plan documents, if available)</b>   |
|     |    | <b>Stocks, bonds, or mutual funds not part of an IRA, pension or profit sharing plan.</b><br>(Please bring recent statements)  |
|     |    | <b>Any other kind of investment.</b>   |
|     |    | <b>Does anyone else owe you money (even if not collectible)? (Bring any legal papers, accident reports, loan documents or other documents you think are helpful)</b>                     |
|     |    | <b>Do you have a claim against someone else because of losses or injuries to you or your family? (Bring any legal papers, accident reports or other documents you think are helpful)</b> |
|     |    | <b>Do you have anything else of value not listed above? (Fill out info on back or bring papers)</b>  |

**Household furnishings, household goods and appliances:**

What is the total yard sale value (20-40% of replacement cost if in good condition): \$ \_\_\_\_\_

Average age: \_\_\_\_\_ Anything of antique or collectible value?=> [ ]yes. List on back. [ ] No.

Describe the five most valuable items, including when you bought them and for how much:

| Item | Purchase date and price | Condition/value today |
|------|-------------------------|-----------------------|
|      |                         |                       |
|      |                         |                       |
|      |                         |                       |
|      |                         |                       |
|      |                         |                       |

**Computers, faxes, copiers, business or office equipment, or anything you use as a “tool of the trade”:**

| Item | When purchased and orig cost | Condition & value today |
|------|------------------------------|-------------------------|
|      |                              |                         |
|      |                              |                         |
|      |                              |                         |

**Jewelry:** Describe the most valuable items you have, other than “costume” jewelry.

| Item | Owner (H, W) | When purchased and orig cost | Value today |
|------|--------------|------------------------------|-------------|
|      |              |                              |             |
|      |              |                              |             |
|      |              |                              |             |
|      |              |                              |             |
|      |              |                              |             |

What is all the rest of your jewelry worth (at 30-50% of original retail cost)? \$ \_\_\_\_\_

Do you have any other jewelry with gems? [ ]Yes [ ]No (if so, describe them on the back.

What would all your jewelry cost you to replace today? \_\_\_\_\_

Do you have any appraisals? [ ]Yes [ ]No. If so, please provide them

**Your Debts:** [IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW, PLEASE BRING DOCUMENTS WITH YOU TO OUR INTERVIEW, OR EXPLAIN ON THE BACK OF THIS PAGE, GIVING THE NAME AND ADDRESS OF THE PERSON YOU OWE.]

| Question   | Yes (bring documents you have) | No | Not sure |
|--|--------------------------------|----|----------|
| Do you owe wages, salary or benefits to present or former employees?   |                                |    |          |
| Do you or a company you managed, owned or controlled owe any employee taxes? (FICA, FUTA, unemployment, worker's compensation, withholding etc)<br>(Bring notices or returns if available) |                                |    |          |
| Do you owe on any student loans?   |                                |    |          |
| Do you owe past due income taxes (state or federal)?<br>(Bring notices and tax returns)  |                                |    |          |
| Do you owe any other taxes (besides real estate taxes) which are past due?   |                                |    |          |
| Have you received any money for work, services or items which have not been supplied or completed?   |                                |    |          |
| Do you owe any fines, penalties or surcharges as a result of a driving or motor vehicle violation?   |                                |    |          |
| Do you owe any other fines or penalties to any state, local or other government agency?  |                                |    |          |
| Have you guaranteed anyone else's payment of any debt (including guarantees for your own business)?  |                                |    |          |
| Do you owe anyone else alimony, spousal support or child support? (Even if you are current or paying without a court order)  |                                |    |          |
| Are you separated or divorced? <b>(Bring in divorce papers and any separation or property settlement agreements if less than 5 years ago)</b>  |                                |    |          |
| Do you have any unpaid debts or unfulfilled obligations from any previous divorce judgment or settlement?  |                                |    |          |
| Does your former spouse owe you anything under any previous divorce judgment or settlement?  |                                |    |          |
| Do you owe any family members or friends any money?  |                                |    |          |
| In the last 12 months, have you paid down, paid off or satisfied any debts to family members, close friends or business associates?  |                                |    |          |
| Has anyone claimed you hurt or injured them?   |                                |    |          |
| Have you used any credit cards for cash advances over \$500 in the last 3 months?  |                                |    |          |
| Have you used any of your credit cards in the last 3 months to pay for anything other than for basic family or household needs?  |                                |    |          |





# Monthly Income over past six months

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months, going back in time. If the income in any category is the same as last month, just write "same" in that block.

|   | Last Month<br>____/____ | Month 2<br>(2 months ago)<br>____/____ | Month 3<br>____/____ | Month 4<br>____/____ | Month 5<br>____/____ | Month 6<br>____/____ |
|---|-------------------------|--|----------------------|----------------------|----------------------|----------------------|
| Gross wages, salary, tips, bonuses, overtime, commissions.                            |                         |  |                      |                      |                      |                      |
| Expense reimbursements  |                         |  |                      |                      |                      |                      |
| <b>Income from operation of business:</b>   |                         |  |                      |                      |                      |                      |
| a. Gross Income   |                         |  |                      |                      |                      |                      |
| minus   |                         |  |                      |                      |                      |                      |
| b. Expenses   |                         |  |                      |                      |                      |                      |
| Equals  |                         |  |                      |                      |                      |                      |
| c. Net Income.  |                         |  |                      |                      |                      |                      |
| <b>Rent &amp; other real property income:</b>   |                         |  |                      |                      |                      |                      |
| a. Gross Income   |                         |  |                      |                      |                      |                      |
| minus   |                         |  |                      |                      |                      |                      |
| b. Expenses   |                         |  |                      |                      |                      |                      |
| Equals  |                         |  |                      |                      |                      |                      |
| c. Net Income.  |                         |  |                      |                      |                      |                      |
| Interest, dividends, and royalties.   |                         |  |                      |                      |                      |                      |
| Pension and retirement income ( <i>NOT Social Security</i> ).                         |                         |  |                      |                      |                      |                      |
| Regular contributions from others to the household expenses, including child support. |                         |  |                      |                      |                      |                      |
| Unemployment Compensation.  |                         |  |                      |                      |                      |                      |
| Social Security, SSI, SSD income.   |                         |  |                      |                      |                      |                      |
| Tax refunds   |                         |  |                      |                      |                      |                      |
| Suit settlements, or gambling winnings  |                         |  |                      |                      |                      |                      |
| Other sources not already mentioned. Specify:   |                         |  |                      |                      |                      |                      |
| <b>Column Totals</b>  |                         |  |                      |                      |                      |                      |

Bring all paystubs, expense reports or similar documents you have for the past 6 months, any account statements, W-2's or 1099's. You may be able to get from your employer a statement of your income for the past 6 months.

# CURRENT BUDGET & INCOME (See our website for an Excel spreadsheet you can use)

| DEBTOR AND FAMILY INFORMATION   |     |   |   |                                   |
|---|-----|---|---|-----------------------------------|
| Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Separate Expenses <input type="checkbox"/> |     |   |   |                                   |
| Occupation:   |     | Spouse's Occupation:  |   |                                   |
| Employer's Name:  |     | Employer's Name:  |   |                                   |
| How Long Employed There ?:  |     | How Long Employed There ?:  |   |                                   |
| Address:  |     | Address:  |   |                                   |
| DEPENDENTS  |     |   |   |                                   |
| Name  | Age | Relationship  | Monthly Support Payments  | Circle one (see below for codes)* |
|   |     |   |   | R P D S                           |
|   |     |   |   | R P D S                           |
|   |     |   |   | R P D S                           |
|   |     |   |   | R P D SP                          |
| * Payment Codes: <b>R</b> =I am receiving payments, <b>P</b> =I am making payments, <b>S</b> =spouse's dependent<br><b>D</b> =expenses I pay without a court order for dependent not living at home,                      |     |   |   |                                   |
| INCOME  |     | HUSBAND   | WIFE  |                                   |
|   |     | Pay Period: <input type="checkbox"/> Weekly<br><input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Monthly | Pay Period: <input type="checkbox"/> Weekly<br><input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Monthly |                                   |
| EARNINGS PER PAY PERIOD   |     |   |   |                                   |
| Gross Pay per Pay Period  |     |   |   |                                   |
| Estimated Overtime per Pay Period   |     |   |   |                                   |
| PAYROLL DEDUCTIONS PER PAY PERIOD   |     |   |   |                                   |
| Payroll Taxes and Social Security   |     |   |   |                                   |
| Insurance   |     |   |   |                                   |
| Union Dues  |     |   |   |                                   |
| Pension, 401K etc:  |     |   |   |                                   |
| Other Deductions:   |     |   |   |                                   |
| NET PAY PER PAY PERIOD:   |     |   |   |                                   |
| Regular Income from Business, Profession or Farm  |     |   |   |                                   |
| Income from Real Property   |     |   |   |                                   |
| Interest and Dividends  |     |   |   |                                   |
| Pension and Retirement Income   |     |   |   |                                   |
| Alimony Received  |     |   |   |                                   |
| Soc. Sec./Govt. Assist., explain:   |     |   |   |                                   |
| Other Monthly Income:   |     |   |   |                                   |
| Regular contributions by anyone else to your household expenses   |     |   |   |                                   |
| Do you expect any changes of more than 10% expected in next 12 months? [ ] yes. (Describe on back) [ ] NO.  |     |   |   |                                   |

**Please Bring all paystubs for the past 2 months and last years tax returns, plus any W-2's or 1099's (VERY IMPORTANT)**

## Your Current Monthly expenses:

**Please take the time to fill this out carefully.**

**It may be the most important thing you do on the road to financial recovery.**

(Please try to be conservative but realistic. In converting weekly amounts to monthly, multiply with weekly figure by 4.3 or 13/3) **Do not include items already deducted from your salary.** Please fill in all monthly figures in right hand column. Use middle column to help work out that monthly figure, or to provide additional information requested. If you are a separated husband and wife but considering filing bankruptcy jointly, please copy this sheet and fill it out separately for each of you)

| Item  |   | Monthly amount                           |
|---|---|--|
| Rent or mortgage  | Check if it includes:<br>[ ] real estate taxes<br>[ ] insurance |  |
| Second mortgage   |   |  |
| Real Estate taxes ( <b>only</b> if you pay them yourself, do not include if taxes incl. in mtg payment) |   |  |
| Gas or oil for heat or hot water  |   |  |
| Electricity   |   |  |
| Water/sewer (remember to divide quarterly payments by 3)  |   |  |
| Telephone   |   |  |
| Cable   |   |  |
| Internet service  |   |  |
| Home repairs and maintenance  | Amount spent annually:  | Monthly amount (yrly/12):                |
| Food and misc household   | Weekly average spent:   | Monthly figure (wkly x 4.3):             |
| Clothing  | Annual average spent:   | Monthly amount (yrly/12):                |
| Auto expenses:  | # of cars:  |  |
|   | Gas per week, for each car:                                     | Monthly figure (wkly x 4.3 x # of cars): |
|   | Repairs per year, each car::                                    | Monthly amount (yrly/12 x # cars):       |
| Tolls and parking per month   |   |  |
| Monthly payments on auto loans or lease payments: # of cars:  |   |  |
| Other transportation costs  |   |  |
| Health insurance (if not taken out of salary)   |   |  |
| Other medical not covered by insurance (eg co-pays, medications, dental)                                |   |  |
| Auto insurance  | Amount per year:  | Monthly amount (yrly/12):                |

|   |                |                                |
|---|----------------|--------------------------------|
| Life insurance (not taken out of salary)  |                |                                |
| Other insurance (not taken out of salary)                                       |                |                                |
| Entertainment   |                |                                |
| Child care  | Weekly amount: | Monthly amount (weekly x 4.3): |
|   |                |                                |
|   |                |                                |
| * Student loan payments:  |                |                                |
| * Payments to IRS or state etc. for past due taxes you owe                      |                |                                |
| Business expenses (if applicable): (please supply recent financial statement)   |                |                                |
| Normal operating expenses   |                |                                |
| Estimated tax payments  |                |                                |
| Other expenses  |                |                                |
| Total business expenses (total above three items)                               |                |                                |
| * Child support or alimony you must pay   |                |                                |
| * Disability insurance (if not listed as a payroll deduction)                   |                |                                |
| * Health savings account contributions, not listed as payroll deductions        |                |                                |
| * Non-mandatory contributions to retirement accounts (including loan repayment) |                |                                |
| * Costs of care for elderly, chronically ill, or disabled family members        |                |                                |
| * Costs of protection from family violence                                      |                |                                |
| * Education expense for your children under 18. (How many such children? _____) |                |                                |
| * Court ordered payments not listed as payroll deductions                       |                |                                |
| * Education necessary to maintain employment                                    |                |                                |
| * Education for a physically or mentally challenged child                       |                |                                |
| TOTAL of all the above expenses   |                | \$                             |

Describe any special circumstances that explain why your expenses might be unusually high:

**Checklist of what we need from you**  
(for post interview follow up. Please bring with you to our meeting)

| ✓ | <u>Items needed</u>  |
|---|--|
|   | Papers from any bankruptcy in last 8 years   |
|   | Documents on any gifts, trusts or sales of property in last 6 years  |
|   | Real Estate: any deeds, appraisals or “broker Comparative Market Analysis”, title reports  |
|   | For any real estate in foreclosure: all foreclosure papers or notices you received   |
|   | Settlement statements from any real estate sold or refinanced  |
|   | Statements showing balance due on any mortgage   |
|   | Car, truck or motor vehicles: loans or leases, payment statements or coupons, loan documents   |
|   | ----Payoffs or account balance statements  |
|   | ----Copies of title if you own   |
|   | Tax returns, or tax notices for the past 4 years   |
|   | Paystubs or income statements for all income or expense reimbursements you received in the last 6 months   |
|   | If you have any IRA’s, pensions, profit sharing plans, stock purchase plans or Education IRA’s, recent statements                                      |
|   | Bank account or savings account statements for the past 3 months   |
|   | If you are the beneficiary of any trust or estate of someone who has died, any papers about that.  |
|   | Documents to support any claimed expenses marked in your budget with a *   |
|   | If you are suing anyone or have a claim you can sue on (such as auto accident) any suit papers, accident reports, or other papers.                     |
|   | Credit card statements for any cash advances, or purchases other than household necessary items, in the last 3 months.                                 |
|   | If you have gone through an approved program of credit counselling, the certificate showing that, and a copy of any debt repayment plan you attempted. |
|   | If you have a credit report, a copy of that.   |
|   | Business income and financial statements for past year   |
|   | Business tax returns for past year/last filed  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |