

## DEBT LISTING SHEETS

The listing of everyone to whom you owe money is essential. This form will assist you by suggesting other common areas of indebtedness. Please return the completed form with your debt listing sheets. You should also review your check registry and bill payment records again before completing the debt sheets.

CREDIT UNIONS	Yes	No	Do you have any loans with credit unions?
TIMESHARES	Yes	No	Do you have a timeshare?
CAMPGROUNDS	Yes	No	Do you have a campground memberships?
LEASES	Yes	No	Do you have any leases on motor vehicles, buildings or equipment?
SPA MEMBERSHIPS	Yes	No	Are you a member of a spa or exercise club?
MEDICAL BILLS	Yes	No	Do you have any medical bills that might not get paid by insurance?
EX-SPOUSES	Yes	No	Does your ex-spouse have any claims against you, for instance a Claim of equitable distribution?
STORE ACCOUNTS	Yes	No	Do you owe any money on a store account?
BANK OVERDRAFT	Yes	No	Do you have any overdraft protection (check protection) debts?
FURNITURE	Yes	No	Do you owe money on the purchase of furniture?
DEBTS TAKEN OVER	Yes	No	Is your name on the debt taken over by an ex-spouse or friend, such as a credit card or house loan?
ASSUMED DEBTS	Yes	No	Is your name still on a debt taken over by someone else? That is, A debt where someone assume your loan or simply took over your payments?
CREDIT REPORT	Yes	No	Is it possible that there are any other debts listed on your credit report?
RETURNED ITEMS	Yes	No	Did you return to a creditor something you bought thinking that The balance would be cancelled?
OLD REPOSSESSIONS	Yes	No	Were there any repossessions or foreclosures in the past that might Lead to deficiency claims against you?
FHA OR VA GUARANTEES	Yes	No	Was a house or mobile home you lost covered by a loan Guaranteed by FHA or VA?
	Yes	No	Is your present home covered by a FHA or VA guarantee?
CO-SIGNERS(1)	Yes	No	Did you happen to co-sign or guarantee a loan for someone else?

**This office is a designated Federal Debt Relief Agency pursuant to Act of Congress and has proudly helped individuals file for relief under the U.S. Bankruptcy Code for over two (2) decades and will continue to do so.**

CO-SIGNERS (2)	Yes	No	Did anyone co-sign or guarantee on a debt for you? <b>Note:</b> Do not include your spouse, if your spouse is filing a Bankruptcy with you.
CAR ACCIDENTS	Yes	No	Do you have any claims against you because of a car accident?
CONTINGENT OBLIGATIONS	Yes	No	Do you have some contract or obligation such that if something Does not work out right, you will owe some money?
TAXES	Yes	No	Do you owe any taxes?
	Yes	No	Are there any tax returns you did not file that you were Supposed to?
	Yes	No	If so, will you owe any taxes on those tax returns?
AAFES, ESPRIT, AER RED CROSS	Yes	No	Do you owe any money through any of these military related Organizations?
SOCIAL SECURITY	Yes	No	Are you being billed for any overpayments by the Social Security Administration?
MILITARY OVER-PAYMENTS	Yes	No	Do you owe money to the Department of Defense or other Government agency for overpayments regarding your service in the military? Note: If you are still in the military or are receiving military Disability, you cannot get rid of your obligation to pay back "advance" pay that you received.
PAY-DAY LOANS	Yes	No	Do you have any unpaid pay-day loans?  Note: These loans are dischargeable in bankruptcy. If you have One or more of these, let us know whether you gave a post-dated Check or whether you gave the pay-day lender authorization to Take money out of your bank account.
LIFE INSURANCE	Yes	No	Do you own any "cash value" life insurance? That is, do you own Any life insurance that you could cash in while you are alive, if You wanted to? Note: This does not include what is called "term" Life insurance.
INHERITANCE OR "HEIR" PROPERTY	Yes	No	Do you have a right to an inheritance or some "heir" property Because someone died?
401(k) LOANS	Yes	No	Do you have any 401(k) loans to repay?

**To assist you in the listing of the creditors referenced above, our Debt Listing Sheets follow.**

**CREDITOR  
NAME/ADDRESS**

**ACCOUNT NO.  
JT/CO-OBLIGOR**

**TOTAL AMT.  
OF DEBT  
& Mo. PMT.**

**COL.  
VALUE**

**OFFICE  
USE**

1. \_\_\_\_\_ Acct No. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Name: \_\_\_\_\_ \$ \_\_\_\_\_/mo. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_ Acct. No. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Name: \_\_\_\_\_ \$ \_\_\_\_\_/mo. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_ Acct No. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Name: \_\_\_\_\_ \$ \_\_\_\_\_/mo. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_ Acct. No. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Name: \_\_\_\_\_ \$ \_\_\_\_\_/mo. \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_ Acct No. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Name: \_\_\_\_\_ \$ \_\_\_\_\_/mo. \_\_\_\_\_  
\_\_\_\_\_

6. \_\_\_\_\_ Acct. No. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Name: \_\_\_\_\_ \$ \_\_\_\_\_/mo. \_\_\_\_\_  
\_\_\_\_\_

7. \_\_\_\_\_ Acct No. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Name: \_\_\_\_\_ \$ \_\_\_\_\_/mo. \_\_\_\_\_  
\_\_\_\_\_

8. \_\_\_\_\_ Acct No. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Name: \_\_\_\_\_ \$ \_\_\_\_\_/mo. \_\_\_\_\_  
\_\_\_\_\_

9. \_\_\_\_\_ Acct. No. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Name: \_\_\_\_\_ \$ \_\_\_\_\_/mo. \_\_\_\_\_  
\_\_\_\_\_

10. \_\_\_\_\_ Acct No. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ Name: \_\_\_\_\_ \$ \_\_\_\_\_/mo. \_\_\_\_\_  
\_\_\_\_\_