

Spiroff Law Office

Christopher J. Spiroff | Attorney and Counselor

Your Name: _____ SSN: _____ DOB: _____

Spouse's Name: _____ SSN: _____ DOB: _____

Address: _____ Home Phone: _____

Work/Cell: _____

Prior Bankruptcies: Yes No Case No(s): _____

REAL ESTATE

Do You? Rent Own (Circle one)

Parcel #1:

Address: _____ Name(s) on Deed: _____

Who signed note? H W Joint (Circle one)

Monthly Payment: _____ Real estate taxes: Separate w/Payment (Circle one)

Interest Rate: _____ Annual tax amount: _____

Balance: _____ Delinquent amount: _____

Market value: _____ Insurance: Separate Included (Circle one)

Last payment made: _____ Insurance premium: _____

Parcel #2:

Address: _____ Name(s) on Deed: _____

Who signed note? H W Joint (Circle one)

Monthly Payment: _____ Real estate taxes: Separate w/Payment (Circle one)

Interest Rate: _____ Annual tax amount: _____

Balance: _____ Delinquent amount: _____

Market value: _____ Insurance: Separate Included (Circle one)

Last payment made: _____ Insurance premium: _____

VEHICLE #1: Lease Purchase (Circle one)

Year: _____ Lender: _____

Make: _____ Balance: _____

Model: _____ Interest: _____

Mileage: _____ Monthly payment: _____

Insurance Co: _____ Yearly Premium: _____ Loan status: _____

VEHICLE #2: Lease Purchase (Circle one)

Year: _____ Lender: _____
Make: _____ Balance: _____
Model: _____ Interest: _____
Mileage: _____ Monthly payment: _____
Insurance Co: _____ Yearly Premium: _____ Loan status: _____

VEHICLE #3: Lease Purchase (Circle one)

Year: _____ Lender: _____
Make: _____ Balance: _____
Model: _____ Interest: _____
Mileage: _____ Monthly payment: _____
Insurance Co: _____ Yearly Premium: _____ Loan status: _____

TAX DEBTS

IRS total: _____ Tax year(s): _____
State total: _____ Tax year(s): _____
City total: _____ Tax year(s): _____

UTILITIES

Gas: _____ Phone: _____
Electric: _____ Trash: _____
Water: _____ Cable: _____
Security: _____ Internet: _____

OTHER DEBTS

Type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Total \$</u>	Type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>Total \$</u>
Credit cards: _____		Medical bills: _____	
Student loans: _____		Repossession debt: _____	
Personal loans: _____		Child support: _____	
Bad checks: _____		Bank overdrafts: _____	

EMPLOYMENT

HUSBAND

Occupation: _____

Employer: _____

Address: _____

Years on job: _____

Hourly wage: _____ Hours/week: _____

Annual salary: _____

Retirement per month: _____

Total value of pension: _____

Child support paid per month: _____

Child support received per month: _____

WIFE

Occupation: _____

Employer: _____

Address: _____

Years on job: _____

Hourly wage: _____ Hours/week: _____

Annual salary: _____

Retirement per month: _____

Total value of pension: _____

Child support paid per month: _____

Child support received per month: _____

Other Monthly Income

2nd job: _____

Gross: _____ Net: _____

Social security: _____

Pension: _____

Government assistance: _____

Rent: _____

Roomate: _____

Other: _____

Other Monthly Income

2nd job: _____

Gross: _____ Net: _____

Social security: _____

Pension: _____

Government assistance: _____

Rent: _____

Roomate: _____

Other: _____

MONTHLY HOUSEHOLD BUDGET

Rent: _____

Real estate taxes: _____

Real estate insurance: _____

Food: _____

Gas: _____

Electric: _____

Water: _____

Phone: _____

Cell phone: _____

Internet: _____

Cable: _____

Trash: _____

Home maintenance: _____

Clothes: _____

Medical expenses: _____

Gasoline: _____

Parking: _____

Daycare/babysitter: _____

Tuition: _____

Tithing: _____

Auto insurance: _____

Auto lease payment: _____